



A QUARTERLY REPORT FOR

FARRELL V. CATE

AS REQUIRED BY THE
CONSENT DECREE

FOR PERIOD:

**THIRD QUARTER
OF 2008**

SUBMITTED FOR

OCTOBER 31, 2008

**California Department of
Corrections and Rehabilitation**

**Division of
Juvenile Justice**

TABLE OF CONTENTS

EXECUTIVE INTRODUCTION TO THIS QUARTERLY REPORT.....	5
1 PROGRESS	7
1.1 <i>Farrell</i> Compliance Summary	7
2 COMPLIANCE RESULTS	11
2.1 Education Services Remedial Plan Compliance Status	11
2.2 Sex Behavior Treatment Remedial Plan Compliance Status	40
2.3 Wards with Disabilities Program.....	66
2.4 Health Care Services Remedial Plan Compliance Status	95
2.6 Mental Health Remedial Plan Compliance Status.....	153
2.7 Reform Management.....	170
3 ACTIONS TAKEN.....	173
3.1 Education Services Remedial Plan Accomplishments	173
3.2 Health Care Services Remedial Plan Accomplishments	180
3.3 Mental Health Remedial Plan Accomplishments	183
3.4 Safety & Welfare Remedial Plan Accomplishments	193
3.5 Sex Behavior Treatment Program Remedial Plan Accomplishments.....	208
3.6 Wards with Disabilities Program Remedial Plan Accomplishments	211
4 REPORT IMPROVEMENTS	215
4.1 Quarterly Report Improvements	215

TABLE OF FIGURES

Figure 1: Remedial Plan Compliance Summaries.....	9
Figure 2: <i>Farrell</i> Roll-up Compliance Summaries	10
Figure 3: Education Services Audit Results – Cumulative for Round 3.....	14
Figure 4: Education Services Audit Results – N.A. Chaderjian Youth Correctional Facility	15
Figure 5: Education Services Audit Results – O.H. Close Youth Correctional Facility	16
Figure 6: Education Services Audit Results – Heman G. Stark Youth Correctional Facility	17
Figure 7: Education Services Audit Results – Southern Youth Correctional Reception Center-Clinic	18
Figure 8: Education Services Audit Results – Preston Youth Correctional Facility	19
Figure 9: Education Services Audit Results – Ventura Youth Correctional Facility	20
Figure 10: Education Services Audit Results – DeWitt Nelson Youth Correctional Facility.....	21
Figure 11: Education Services Audit Results – Site Comparison.....	22
Figure 12: Education Audit Results Round 3: Substantial Compliance by Facility & by Round	23
Figure 13: Education Audit Results Round 3: Substantial Compliance by Facility & by Round	24
Figure 14: SBTP Audit Results – Cumulative for Round Three	43
Figure 15: SBTP Audit Results – N.A. Chaderjian Youth Correctional Facility	44
Figure 16: SBTP Audit Results - O.H. Close Youth Correctional Facility	45
Figure 17: SBTP Audit Results – Heman G. Stark Youth Correctional Facility	46
Figure 18: SBTP Audit Results – Southern Youth Correctional Reception Center-Clinic.....	47
Figure 19: SBTP Audit Results - Preston Youth Correctional Facility	48
Figure 20: SBTP Audit Results – DJJ Administration.....	49
Figure 21: Sexual Behavior Treatment Program Audit Results – Round Two	50
Figure 22: Sexual Behavior Treatment Program Audit Results – Substantial Compliance	51
Figure 23: Sexual Behavior Treatment Program Audit Results – Substantial + Partial Compliance	52
Figure 24: Wards with Disabilities Program Audit Results – Cumulative for Round Three	69
Figure 25: Wards with Disabilities Program Audit Results – N.A. Chaderjian Youth Correctional Facility	70

Figure 26: Wards with Disabilities Program Audit Results – O.H. Close Youth Correctional Facility	71
Figure 27: Wards with Disabilities Program Audit Results – Heman G. Stark Youth Correctional Facility	72
Figure 28: Wards with Disabilities Program Audit Results – Southern Youth Correctional Reception Center-Clinic	73
Figure 29: Wards with Disabilities Program Audit Results – Preston Youth Correctional Facility	74
Figure 30: Wards with Disabilities Program Audit Results – Ventura Youth Correctional Facility	75
Figure 31: Wards with Disabilities Program Audit Results – El Paso de Robles Youth Correctional Facility	76
Figure 32: Wards with Disabilities Program Audit Results – DeWitt Nelson Youth Correctional Facility	77
Figure 33: Wards with Disabilities Program Audit Results – DJJ Headquarters	78
Figure 34: SBTP Audit Results for O.H. Close Youth Correctional Facility by Round.....	79
Figure 35: SBTP Audit Results for O.H. Close Youth Correctional Facility by Round.....	80
Figure 36: SBTP Audit Results for O.H. Close Youth Correctional Facility by Round.....	81
Figure 37: Health Care Services Audit Results – Cumulative for Round 1 (in progress)	100
Figure 38: Health Care Services Audit Results – O.H. Close Youth Correctional Facility for Round 1 (in progress) ...	101
Figure 39: Health Care Services Audit Results – N.A. Chaderjian Youth Correctional Facility for Round 1 (in progress)	102
Figure 40: Health Care Services Audit Results – Preston Youth Correctional Facility for Round 1 (in progress)	103
Figure 41: Health Care Services Audit Results – Southern Youth Correctional Reception Center-Clinic for Round 1 (in progress)	
Figure 42: Health Care Services Audit Results – Heman G. Stark Youth Correctional Facility for Round 1 (in progress)	105
Figure 43: Health Care Services Audit Results – Ventura Youth Correctional Facility for Round 1 (in progress)	106
Figure 44: Health Care Services Audit Results by Facility for Round 1 (in progress)	107
Figure 45: Health Care Services Overall Audit Results by Category – Round 1 (in progress)	108
The Health Care Experts have not provided DJJ with an audit report since the last Quarterly Report.	109
Figure 46: Safety & Welfare Audit Results – Cumulative for Round One (in progress).....	122
Figure 47: Safety & Welfare Audit Results – N.A. Chaderjian Youth Correctional Facility	123
Figure 48: Safety & Welfare Audit Results – O.H. Close Youth Correctional Facility	124
Figure 49: Safety & Welfare Audit Results – Heman G. Stark Youth Correctional Facility.....	125

Figure 50: Safety & Welfare Audit Results – Southern Youth Correctional Reception Center-Clinic	126
Figure 51: Safety & Welfare Audit Results – Preston Youth Correctional Facility	127
Figure 52: Safety & Welfare Audit Results – Ventura Youth Correctional Facility	128
Figure 53: Safety & Welfare Audit Results – El Paso de Robles Youth Correctional Facility	129
Figure 54: Safety & Welfare Audit Results – DeWitt Nelson Youth Correctional Facility	130
Figure 55: Safety & Welfare Audit Results – DJJ Headquarters	131
Figure 56: Safety & Welfare Audit Results – Site Comparison for Round One (in progress)	132
Figure 57: Safety & Welfare Audit Results – Substantial + Partial Compliance Comparison for Round One (in progress)	133
Figure 58: Mental Health Audit Results – Cumulative for Round One (in progress)	156
Figure 59: Mental Health Audit Results – N.A. Chaderjian Youth Correctional Facility	157
Figure 60: Mental Health Audit Results – O.H. Close Youth Correctional Facility	158
Figure 61: Mental Health Audit Results – Heman G. Stark Youth Correctional Facility	159
Figure 62: Mental Health Audit Results – Southern Youth Correctional Reception Center-Clinic	160
Figure 63: Mental Health Audit Results – Preston Youth Correctional Facility	161
Figure 64: Mental Health Audit Results – Ventura Youth Correctional Facility	162
Figure 65: Mental Health Audit Results – El Paso de Robles Youth Correctional Facility	163
Figure 66: Mental Health Audit Results – DJJ Headquarters	164

INTRODUCTION

The California Department of Corrections & Rehabilitation (CDCR), Division of Juvenile Justice (DJJ), submits this Quarterly Report in compliance with the *Farrell v. Cate* Consent Decree (Consent Decree). In response to requests and notations found in previously filed reports of the Special Master and Expert audits, DJJ revised the Quarterly Report contents and format to provide more comprehensive information, restructured to reflect accurately the progress and compliance with the action items identified in the Consent Decree and the related six *Farrell* Remedial Plans (Remedial Plans). It is the goal of DJJ to ensure that each Quarterly Report provides accurate, traceable information in a consistent manner, which reflects DJJ's commitment that implementation of the Remedial Plans remain transparent to all stakeholders.

The Quarterly Report has been restructured and contains four key sections, each of which will be further described below:

1. Progress;
2. Compliance with Dates;
3. Actions Taken this Quarter; and
4. Report Improvements.

Section 1: Progress

The purpose of Section 1 is to report progress as documented by audits conducted by the Court-appointed Experts of each of the six Remedial Plans. In completing the audits, the experts use Court-approved audit tools specifically designed to capture compliance with the individual action items of their assigned Remedial Plan. The statistical information compiled in Section 1 is drawn from completed audit reports which have been submitted by the *Farrell* Experts to the Court and/or Office of the Special Master. The statistical information allows DJJ to provide all stakeholders with objective, data-based results of the information submitted by each of the Experts after the completion of their audits.

Section 2: Compliance with Dates

Section 2 is designed to report DJJ's commitment to complete action items by specific due dates. This information is based entirely on the data extracted from the audit tools created from the six Remedial Plans. It should be noted that not all items identified within the audit tools have specific dates attached to their completion. Therefore, Section 2 reports information only on items with specific due dates identified in the audit tools. In the future, dates may be set with the Court in relation to action items that currently have no due date, or existing due dates may be adjusted; in such cases, this report will accommodate and include those new or revised dates.

In this version of the restructured Quarterly Report, significant discussion describing the process that was used on an interim basis to reset dates for a selected set of action items is included. Future reports may contain similar descriptions of the project management processes used to revise action item dates.

Section 3: Actions Taken This Quarter

The purpose of Section 3 is to report on significant accomplishments completed during the past quarter and to add descriptions of significant efforts being made to achieve the completion of action items for each of the six Remedial Plans. These are listed in bullet point fashion and generally refer to the action item(s) that the work effort is related to.

In future versions of the Quarterly Report, we expect that this section will not significantly change, though it may also report new projects that combine multiple action items into related groups.

Section 4: Report Improvements

Section 4 describes the revisions that were made to the Quarterly Report; reasoning and explanations supporting the changes; potential future changes; and the processes in place to manage those changes. Each Quarterly Report will contain information describing changes made and/or planned for future Quarterly Reports.

1 PROGRESS

1.1 Farrell Compliance Summary

1.1.1 Farrell Compliance Summary

The following chart identifies the current compliance percentage for each of the six *Farrell* Remedial Plans. The chart identifies the current number of items rated as being either in Substantial Compliance, Partial Compliance, or Non-compliance. At the bottom of the chart, the compliance data from all six of the *Farrell* Remedial Plans have been combined to provide a cumulative “*Farrell* Roll-up” compliance percentage. Because the number of audit items rated for the Health Care Services Remedial Plan is so large in comparison to the other *Farrell* Remedial Plans, the last section of the chart identifies the “*Farrell* Roll-up: Minus Health Care.” This was done to see how the cumulative compliance percentage would be affected without being skewed by the large number of Health Care Services audit items.

SBTP	# of Items Rated	Round 2 (complete)
Substantial Compliance	45	40%
Partial Compliance	51	45%
Non-compliance	17	15%
Total #	113	
EDUCATION	# of Items Rated	Round 3 (complete)
Substantial Compliance	498	65%
Partial Compliance	112	15%
Non-compliance	151	20%
Total #	761	
WDP	# of Items Rated	Round 3 (complete)
Substantial Compliance	418	68%
Partial Compliance	191	31%
Non-compliance	8	1%
Total #	617	
S&W	# of Items Rated	Round 1 (in progress - 6 of 7 facilities)
Substantial Compliance	111	27%
Partial Compliance	111	27%
Non-compliance	187	46%
Total #	409	

HEALTH CARE		# of Items Rated	Round 1 (in progress – missing HQ audit)
Substantial Compliance		2898	71%
Partial Compliance		81	2%
Non-compliance		1078	27%
Total #		4057	
MENTAL HEALTH		# of Items Rated	Round 1 (in progress - partial HQ and facility items)
Substantial Compliance		27	30%
Partial Compliance		40	44%
Non-compliance		24	26%
Total #		91	
FARRELL ROLL-UP		# of Items Rated	As of November 1, 2008
Substantial Compliance		3997	66%
Partial Compliance		586	10%
Non-compliance		1465	24%
Total #		6048	
FARRELL ROLL-UP Minus Health Care		# of Items Rated	As of November 1, 2008
Substantial Compliance		1099	55%
Partial Compliance		505	25%
Non-compliance		387	19%
Total #		1991	

1.1.2 Remedial Plan Compliance Charts

The charts on the next page provide a visual of the compliance percentages for each of the six *Farrell* Remedial Plans. Sections in green identify the total percentage of audit items that are found to be in Substantial Compliance, sections in yellow identify the items that are in Partial Compliance, and the red sections identify those that are in Non-compliance.

Important items to note include:

- “*Farrell* Roll-up”: Substantial Compliance combined with Partial Compliance is 76%
- “*Farrell* Roll-up: Minus Health Care”: Substantial Compliance combined with Partial Compliance is 80%
- Listing of Non-compliance percentage for each Remedial Plan from high to low:
 - Safety & Welfare – 46%
 - Health Care Services – 27%
 - Mental Health – 26%
 - Education – 20%
 - Sexual Behavior Treatment Program – 15%
 - Wards with Disabilities Program – 1%

Current *Farrell* Compliance Progress

Remedial Plan Audit Results

As of December 1, 2008

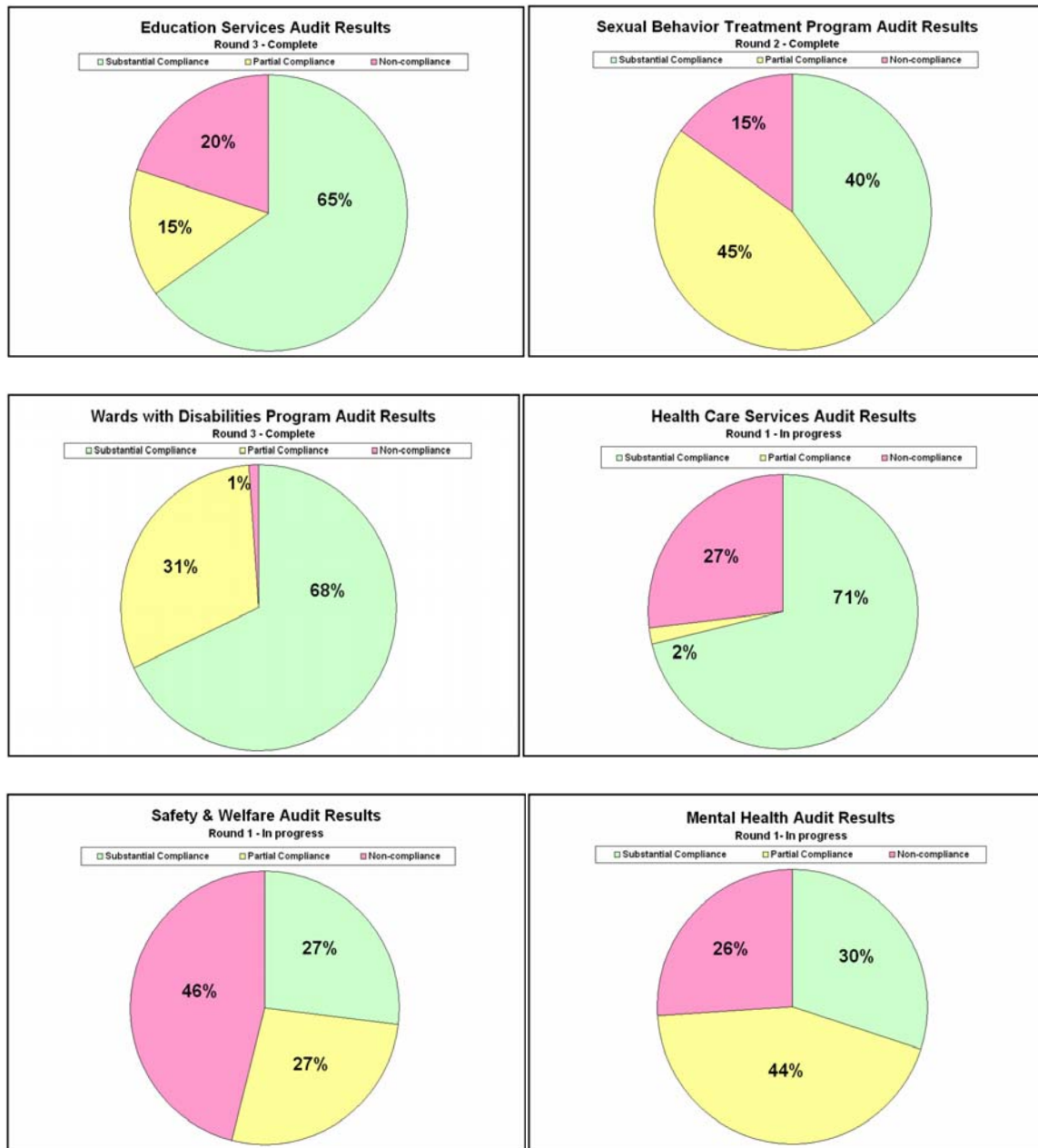


Figure 1: Remedial Plan Compliance Summaries

Current *Farrell* Compliance Progress

Cumulative Audit Results

As of December 1, 2008

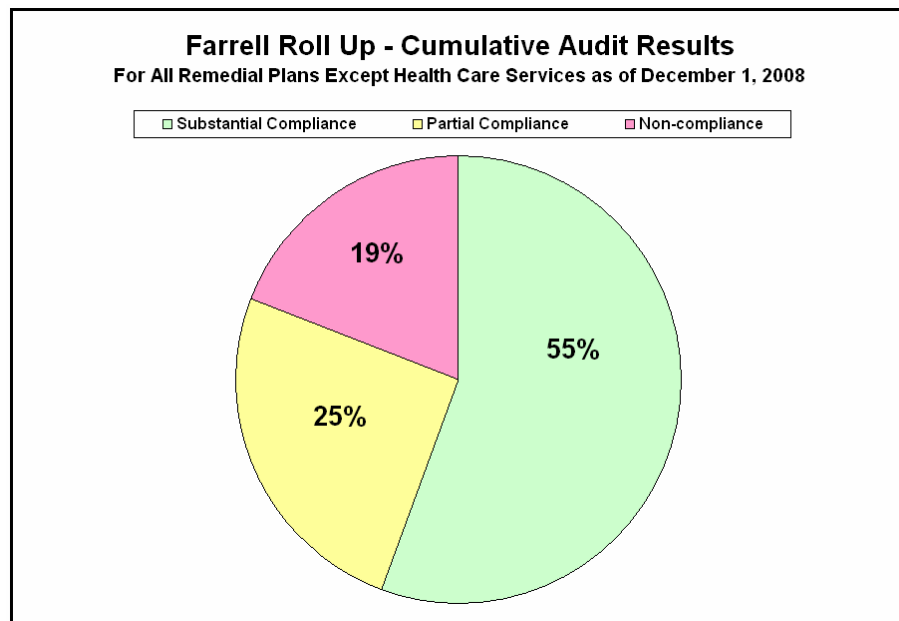
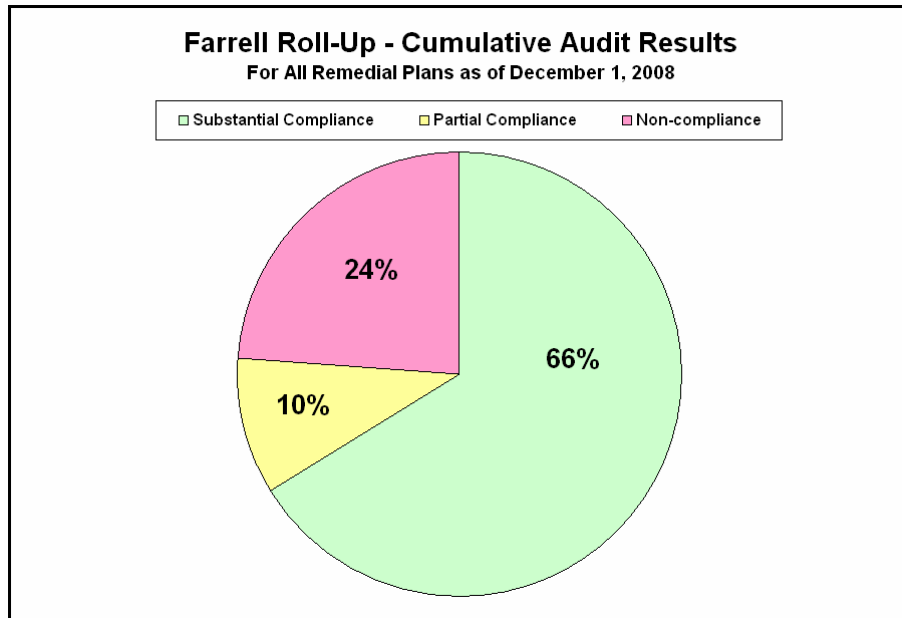


Figure 2: *Farrell* Roll-up Compliance Summaries

2 COMPLIANCE RESULTS

2.1 Education Services Remedial Plan Compliance Status

2.1.1 Historical Audit Perspective

Court Filings

The Education Services Remedial Plan filed with the Court on March 1, 2005, was the first of the six *Farrell* Remedial Plans to be filed. The audit tool, also referred to as the Standards and Criteria, was included with the Remedial Plan at the time of the filing.

Audit Tool

The Education Services audit tool consists of a total of 115 different action items. Currently associated with these 115 action items are 690 audit items. The audit item number is derived from the number of sites in which the action item is to be audited. The number 690 represents the total number of items that will be assessed for a given round of audits across all applicable sites.

A unique feature of the Education Services audit tool is that, unlike the other five *Farrell* audit tools, there are no Headquarters-specific audit items. All audited items occur at each of DJJ's six facilities.

Of the 115 action items within the Education Services audit tool, only 12 of the action items have a specific deadline for implementation.

Audit Tool Breakdown

Audit Item Numbers Based on Six Facilities	Filing Dates		"Action Items"			"Audit Items"		
	Remedial Plan	Audit Tool	# of Action Items with a Deadline	# of Action Items without a Deadline	Total # of Action Items	# of Audit Items with a Deadline	# of Audit Items without a Deadline	Total # of Audit Items
Education Services	3/1/05	3/1/05	12	103	115	72	618	690

Audit History

Because the Education Services Remedial Plan was one of the first *Farrell* Remedial Plans to be filed and because the Education Experts have maintained a steady pattern of facility audits, DJJ has received three complete years, or rounds, of compliance data.

The Education Experts' first facility audit was conducted at the DeWitt Nelson Youth Correctional Facility in September 2005. The following are the time-spans for each of the three rounds of audits that have been completed to date:

- Round One: September 2005 to April 2006
- Round Two: September 2006 to April 2007
- Round Three: October 2007 to March 2008

The chart below provides a more detailed listing of all of the Education Services' audits by facility.

EDUCATION SERVICES	ROUND ONE	ROUND TWO		ROUND THREE	
Facility	Date Audited	Date Audited	Time Between Previous Audit	Date Audited	Time Between Previous Audit
DeWitt Nelson	Sept. 2005	Feb. 2007	17 months	Oct. 2007	8 months*
El Paso de Robles	Oct. 2005	Sept. 2006	11 months	N/A**	N/A**
Ventura	Nov. 2005	April 2007	17 months	Jan. 2008	9 months
SYCRCC	Dec. 2005	April 2007	16 months	Jan. 2008	9 months
Heman G. Stark	Dec. 2005	Jan. 2007	13 months	Mar. 2008	10 months
N.A. Chaderjian	Feb. 2006	Oct. 2006	8 months	Dec. 2007	14 months
O.H. Close	Mar. 2006	Oct. 2006	7 months	Oct. 2007	12 months
Preston	April 2006	Feb. 2007	10 months	Feb. 2008	12 months

* Will not be audited in the future due to facility closure

**Not audited due to announced facility closure

Future Audit Schedule

The Education Experts have provided DJJ with the following audit schedule for their next round of audits:

- N.A. Chaderjian Youth Correctional Facility – October 20-22, 2008
- O.H. Close Youth Correctional Facility – October 23-24, 2008
- Heman G. Stark Youth Correctional Facility – January 12-14, 2009
- Preston Youth Correctional Facility – February 9-11, 2009
- Southern Youth Correctional Reception Center and Clinic – March 16-18, 2009
- Ventura Youth Correctional Facility – April 20-22, 2009

2.1.2 Most Recent Audit Findings

Audit Reports Received During Last Quarter

The Education Experts did not conduct an audit during the last quarter, and therefore DJJ has not received an audit report for this reporting period. DJJ anticipates that it will receive audit reports for the N.A. Chaderjian Youth Correctional Facility and the O.H. Close Youth Correctional Facility by early December 2008, and as a result, DJJ expects to be able to include the results of these audits in the next Quarterly Report.

2.1.3 Education Services Audit Results

The Education Services charts on the following pages document the most up-to-date compliance ratings for each site audited by the Education Experts. These charts also include the cumulative results of the most recent round of audits as well as a comparison of a facility's prior audit results in previous rounds. Attached to these charts is the statistical data for each audit performed for the identified facility.

The percentages identified have been rounded off and therefore, may have a slight variance of no more than 1% of either less than or greater than 100%. For example, in adding up the different compliance percentages, the sum total for a given item could either be 99%, 100% or 101% due to rounding.

To help fully understand the charts on the following pages, the items below are more clearly defined:

1. **SC** = Substantial Compliance
2. **PC** = Partial Compliance
3. **NC** = Non-compliance
4. **N/A** = Not Applicable
5. **Numbers in red font** = A negative number denoting a decrease in a compliance percentage.
6. **Raw %** = The compliance percentages with the N/A items included in the calculations.
7. **Adjusted %** = The compliance percentages with the N/A items excluded from the calculations.

CUMULATIVE AUDIT RESULTS

The pie chart below identifies the cumulative compliance averages for the last round of audits conducted by the Education Experts. The bar graph on the right provides a compliance comparison of all the previous rounds of audits. Below these diagrams are the cumulative statistical data of each round of Education audits to date.

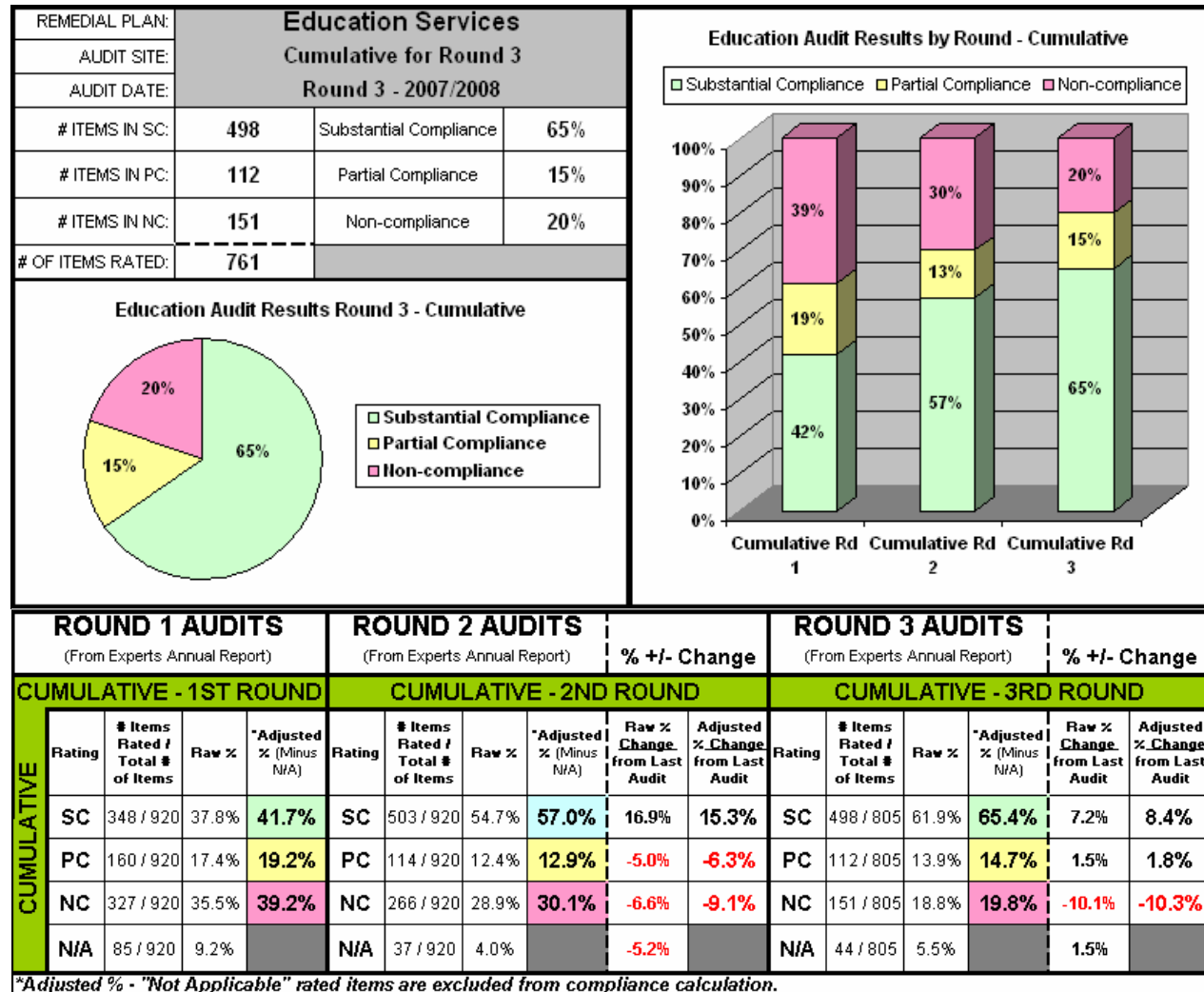


Figure 3: Education Services Audit Results – Cumulative for Round 3

- DJJ has increased its cumulative Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- DJJ's cumulative Substantial Compliance percentage has increased by an average of 12% after each round of audits.
- DJJ's cumulative Non-compliance percentage has decreased by an average of 10% after each round of audits.
- DJJ's cumulative combined Substantial Compliance and Partial Compliance percentages total 80%.

N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY

The Education Experts last audited the N.A. Chaderjian Youth Correctional Facility on December 4-5, 2007. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

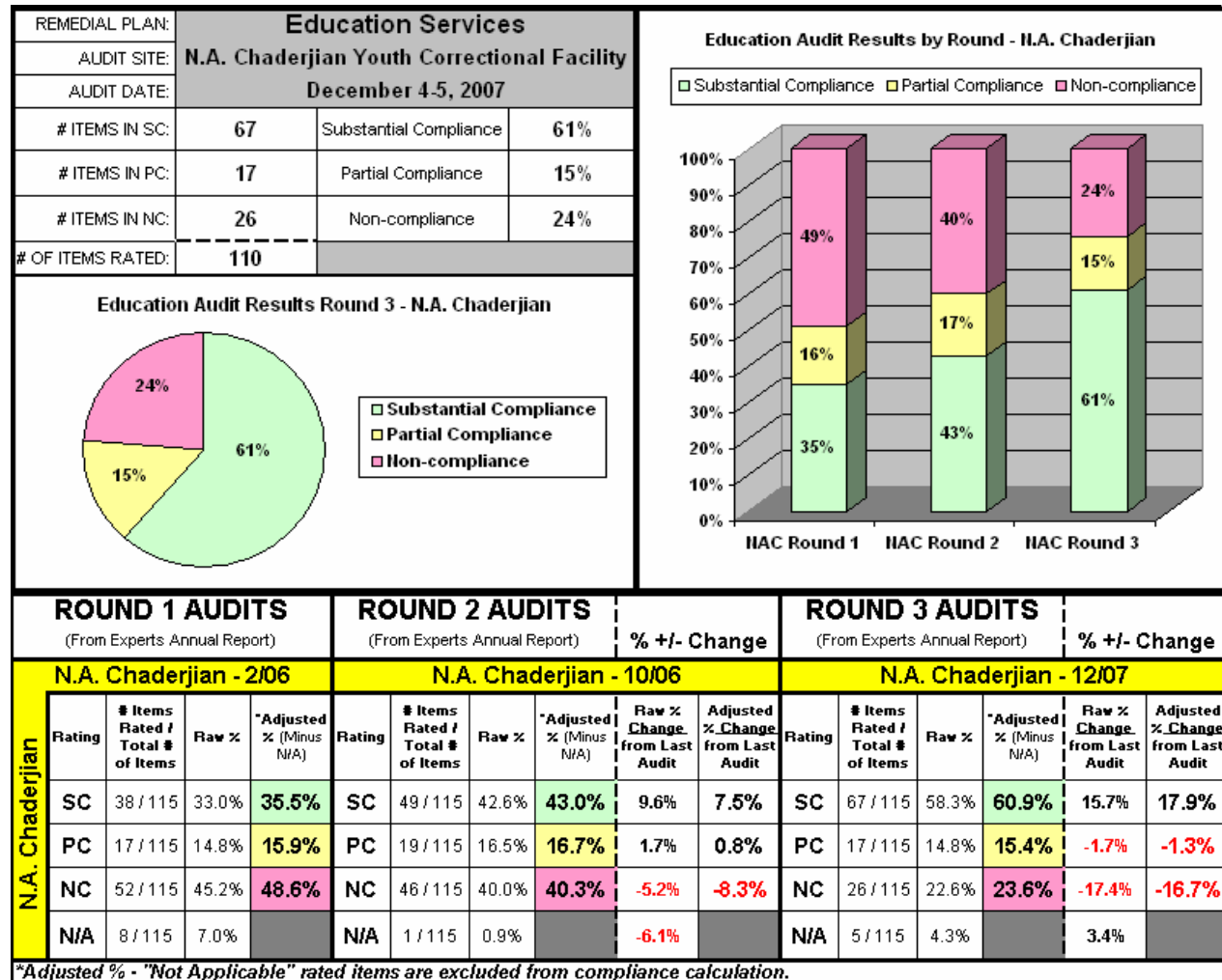


Figure 4: Education Services Audit Results – N.A. Chaderjian Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 13% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 12% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 76%.

O.H. CLOSE YOUTH CORRECTIONAL FACILITY

The Education Experts last audited the O.H. Close Youth Correctional Facility on October 24-26, 2007. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

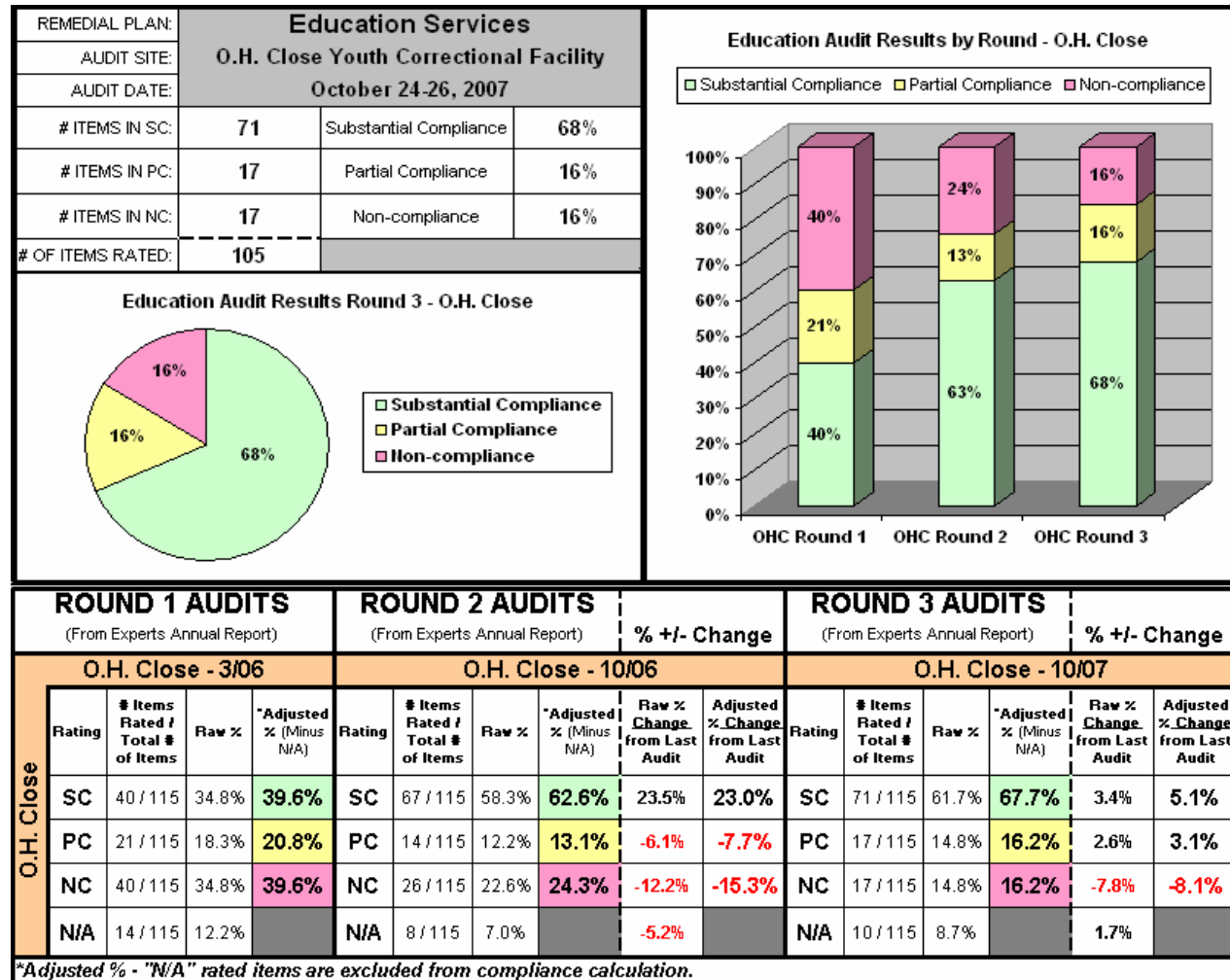


Figure 5: Education Services Audit Results – O.H. Close Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 14% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 12% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 84%.

HEMAN G. STARK YOUTH CORRECTIONAL FACILITY

The Education Experts last audited the Heman G. Stark Youth Correctional Facility on March 11-12, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

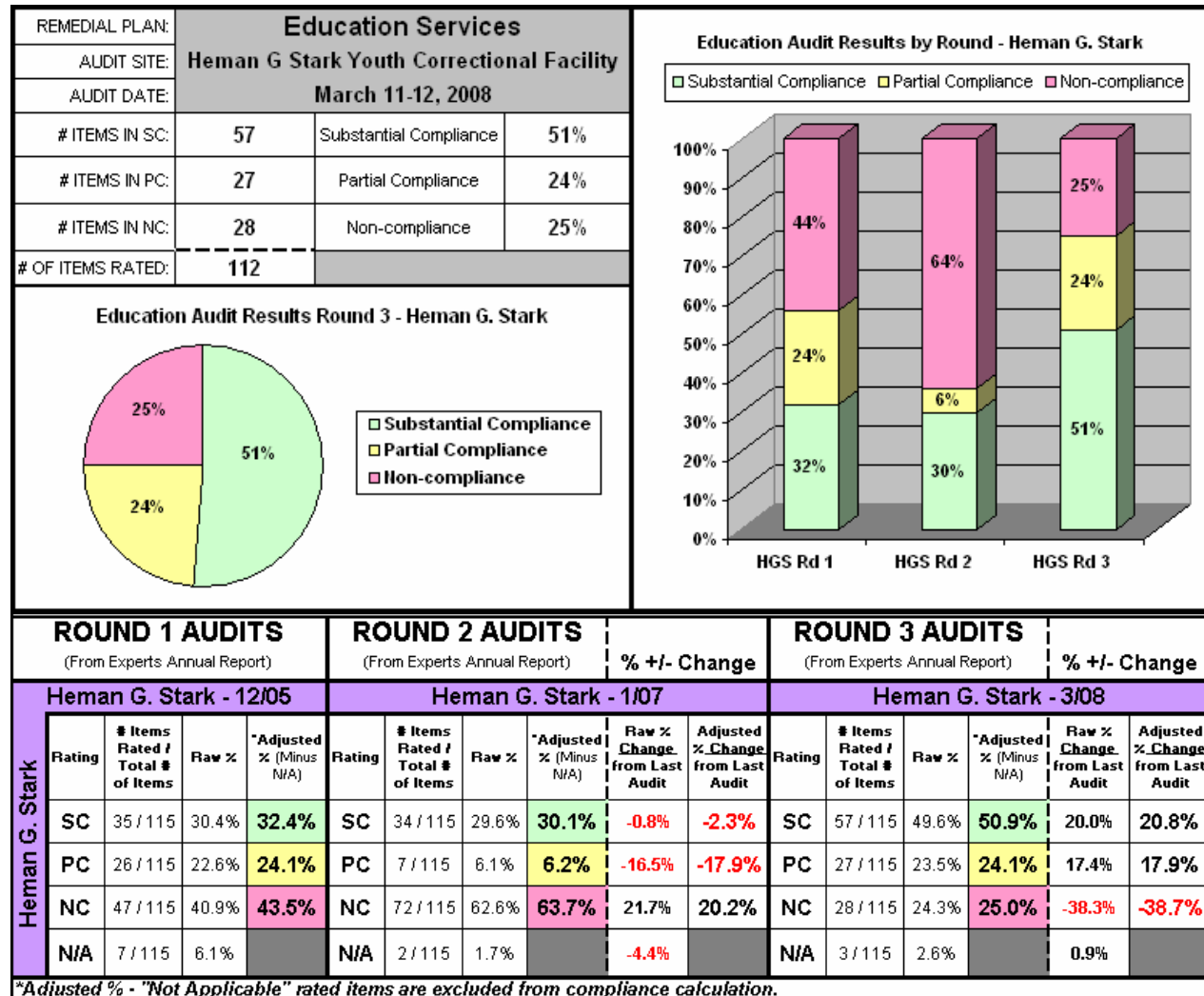


Figure 6: Education Services Audit Results – Heman G. Stark Youth Correctional Facility

- The facility's Substantial Compliance decreased in Round Two from Round One by 2%.
- The facility's Substantial Compliance percentage has increased by an average of 9% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 9% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 75%.

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER-CLINIC

The Education Experts last audited the Southern Youth Correctional Reception Center-Clinic on January 11-12, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

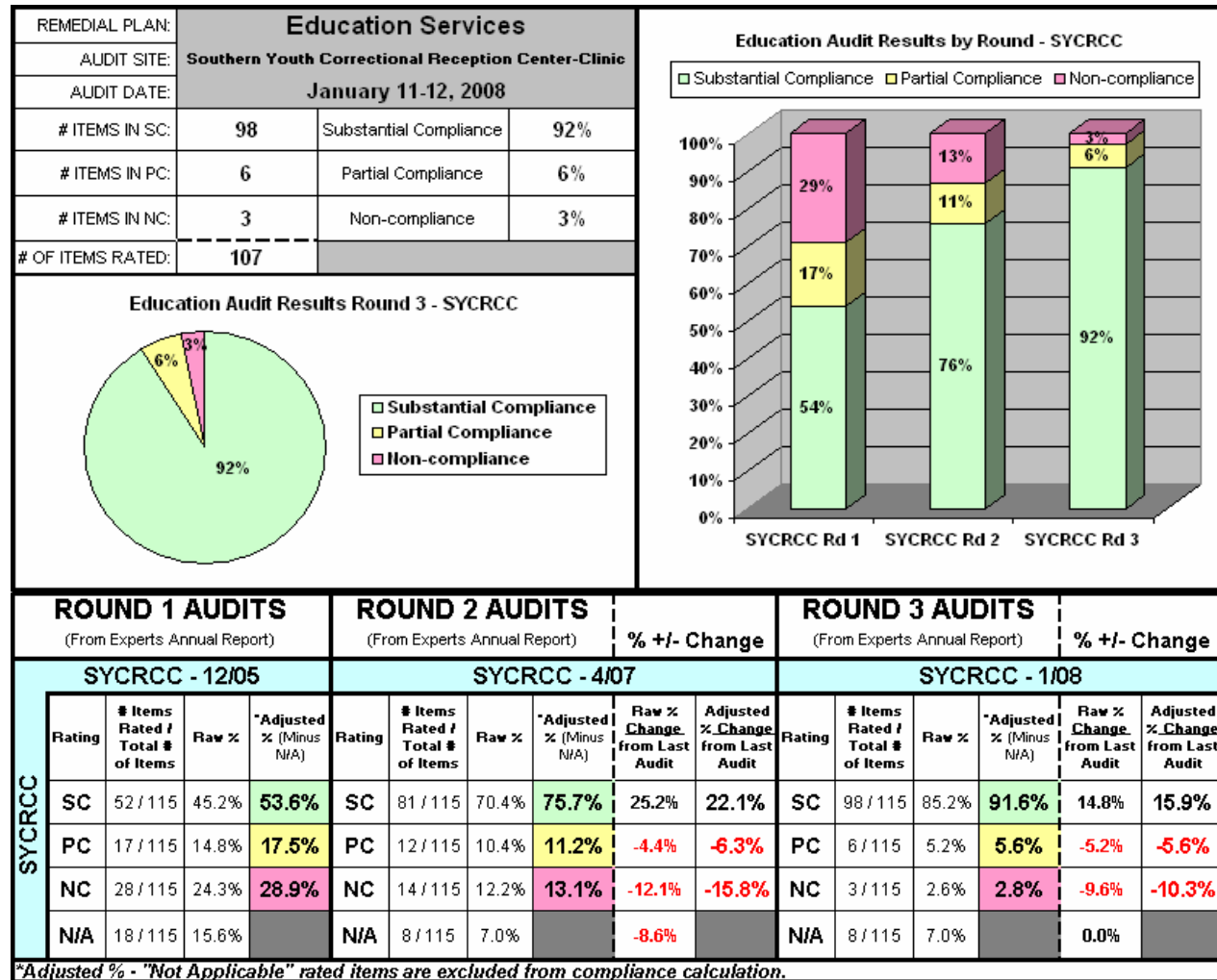


Figure 7: Education Services Audit Results – Southern Youth Correctional Reception Center-Clinic

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 19% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 13% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 98%.

PRESTON YOUTH CORRECTIONAL FACILITY

The Education Experts last audited the Preston Youth Correctional Facility on February 25-27, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

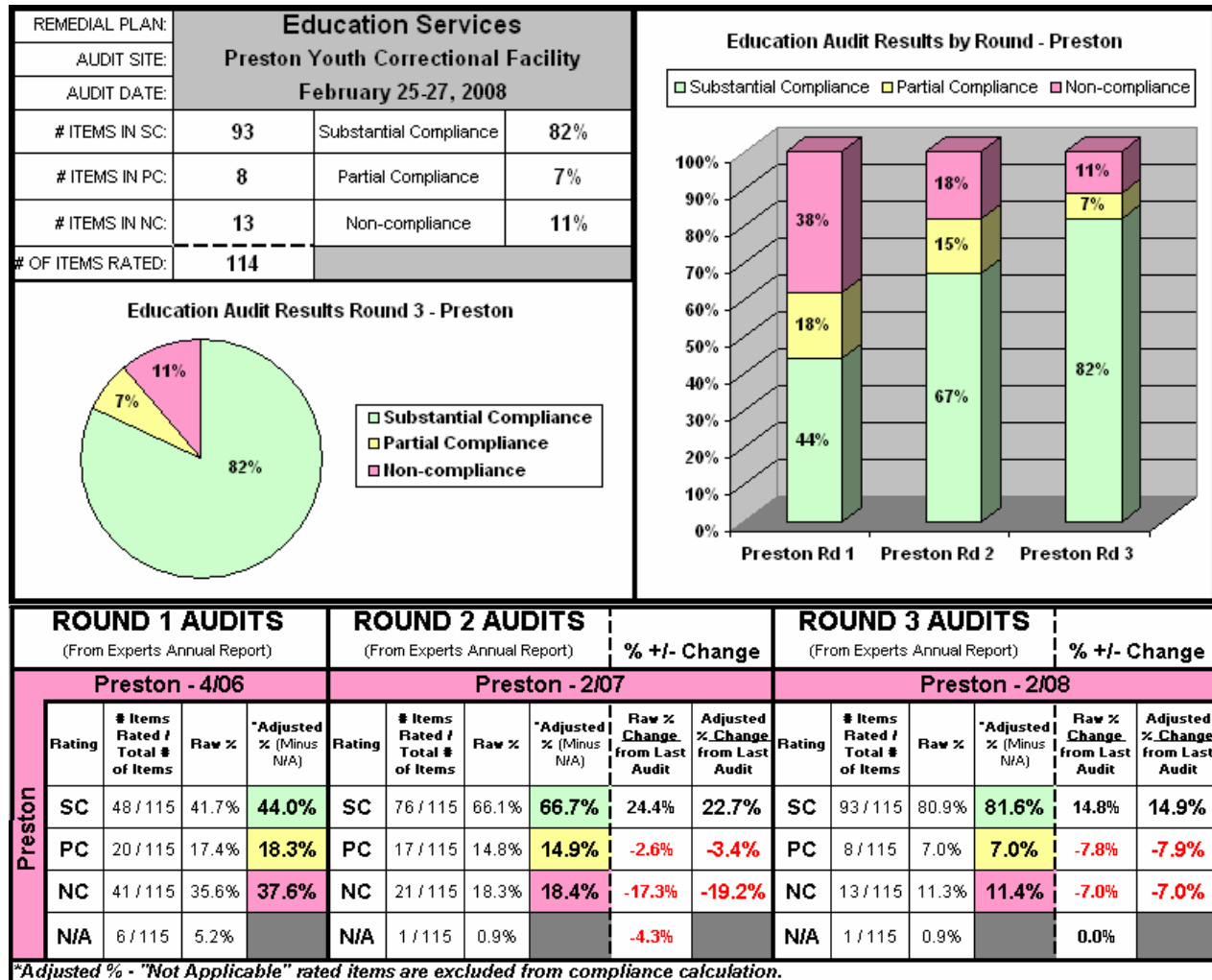


Figure 8: Education Services Audit Results – Preston Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 19% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 13% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 89%.

VENTURA YOUTH CORRECTIONAL FACILITY

The Education Experts last audited the Ventura Youth Correctional Facility on January 7-9, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

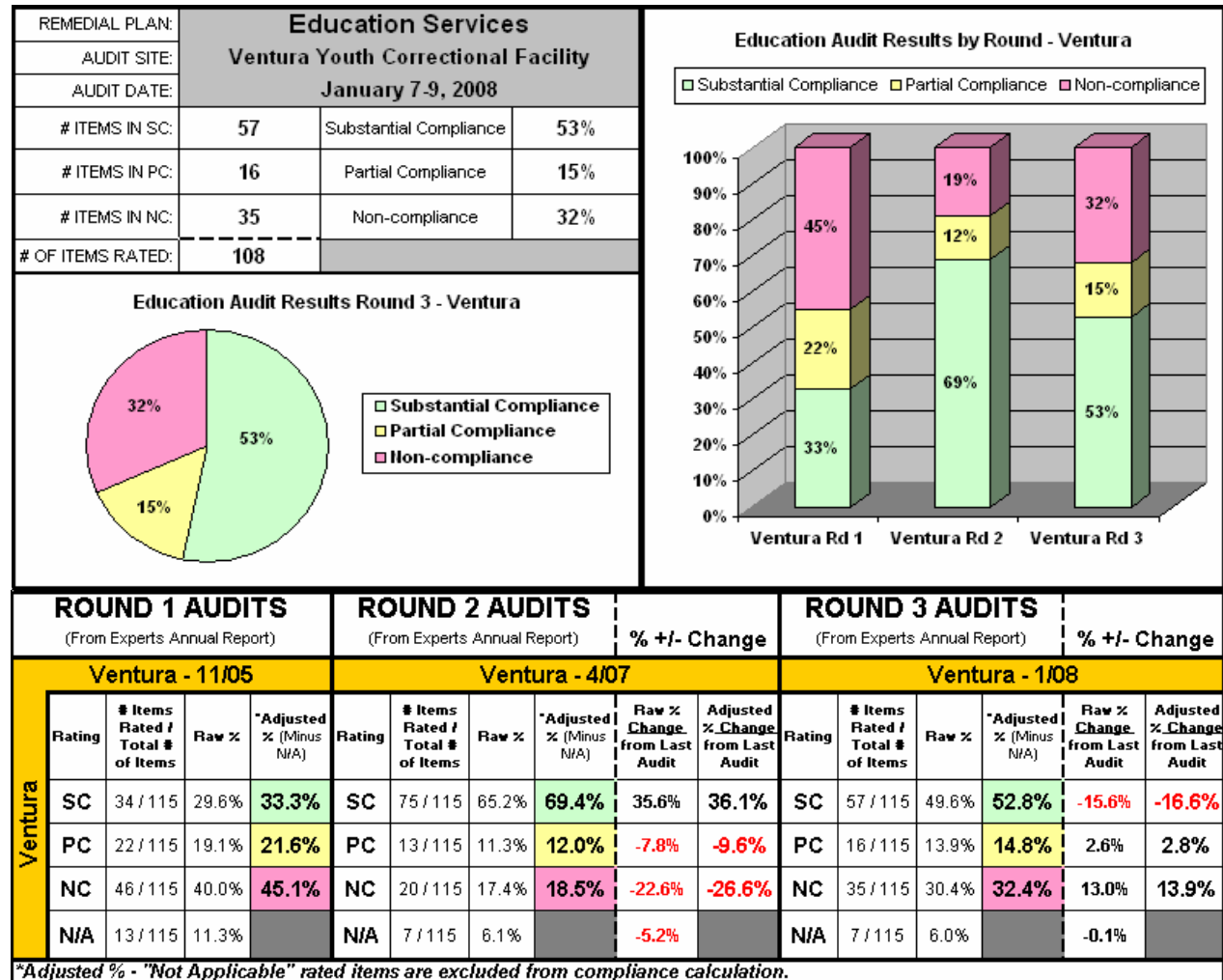


Figure 9: Education Services Audit Results – Ventura Youth Correctional Facility

- The facility's Substantial Compliance decreased in Round Three from Round Two by 17%. This was due to the facility not having documentation ready for the Experts upon their arrival to the facility for their audit.
- The facility's Substantial Compliance percentage has increased by an average of 10% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 6% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 68%.

DEWITT NELSON YOUTH CORRECTIONAL FACILITY

The Education Experts last audited the DeWitt Nelson Youth Correctional Facility on October 22-23, 2007. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits. It is important to note that since this last audit took place, the facility has since closed due to a decline in the population and therefore will not be audited in future rounds.

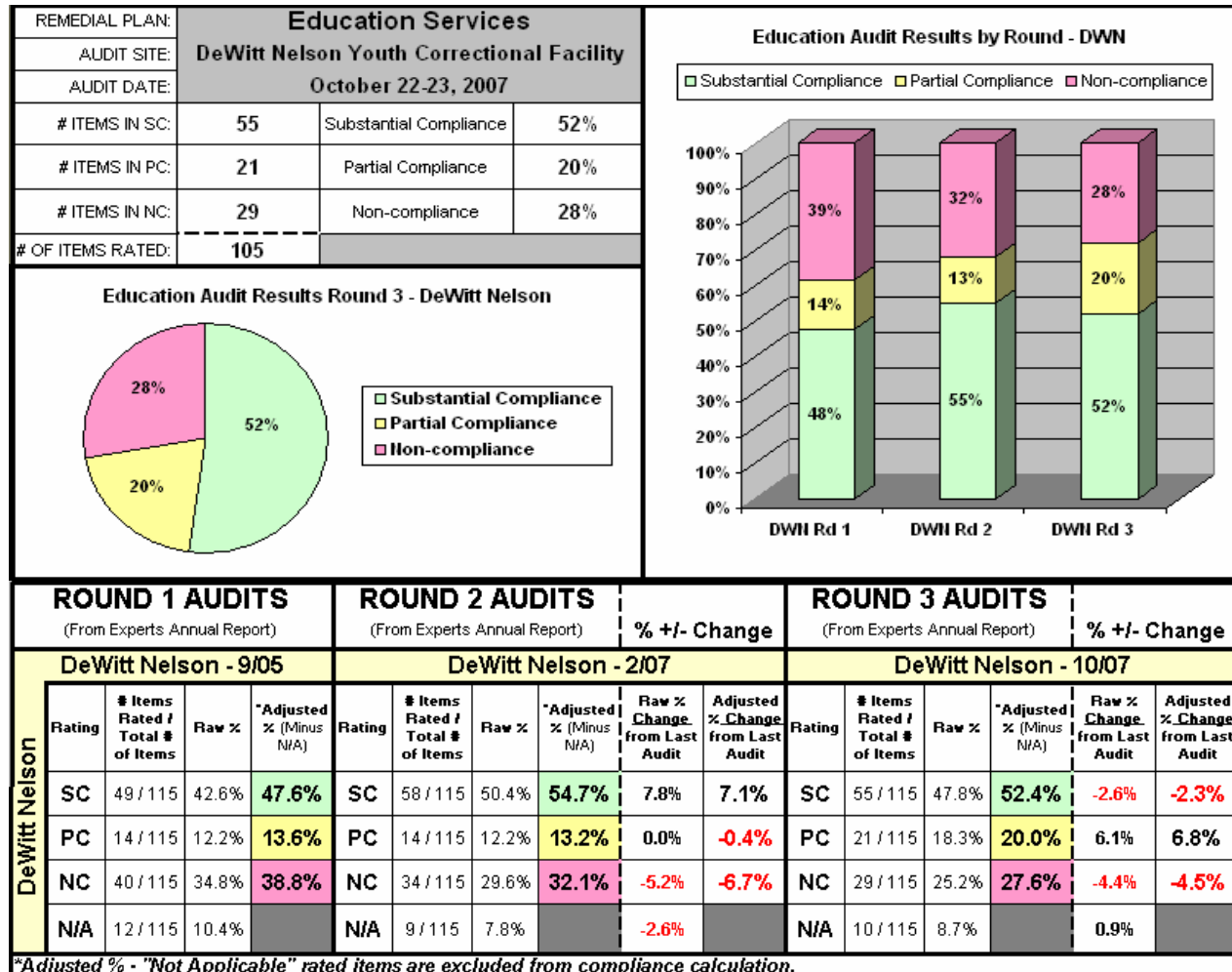


Figure 10: Education Services Audit Results – DeWitt Nelson Youth Correctional Facility

- The facility's Substantial Compliance decreased in Round Three from Round Two by 2%.
- The facility's Substantial Compliance percentage has increased by an average of 2% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 6% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 72%.
- The facility is now closed due to a decline in the population and therefore will not be audited in future rounds.

SITE COMPARISON FOR ROUND THREE

The graph below illustrates the compliance percentages for the seven facilities audited by the Education Experts during the last round of audits as well as the cumulative average of those audits.

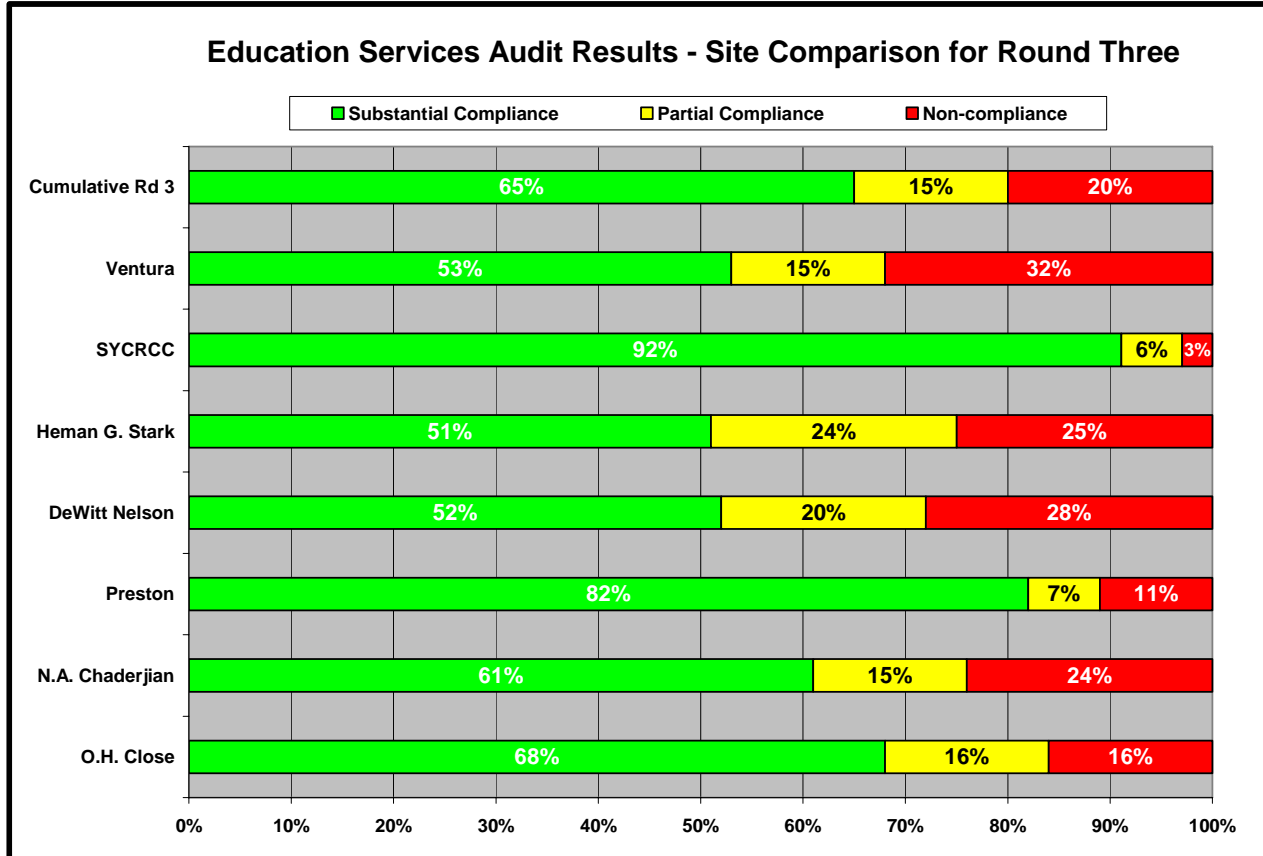


Figure 11: Education Services Audit Results – Site Comparison for Round Three

- For Round Three, the Substantial Compliance percentages ranged from a high of 92% at the Southern Youth Correctional Reception Center-Clinic to a low of 51% at the Heman G. Stark Youth Correctional Facility.
- The Partial Compliance percentages ranged from 24% to 6%.
- Non-compliance ranged from a high of 32% at the Ventura Youth Correctional Facility to a low of 3% at the Southern Youth Correctional Reception Center-Clinic.

SUBSTANTIAL COMPLIANCE COMPARISON

The graph below illustrates the Substantial Compliance percentages for the eight different facilities audited by the Education Experts during their three rounds of audits, as well as the cumulative Substantial Compliance averages of those three rounds of audits.

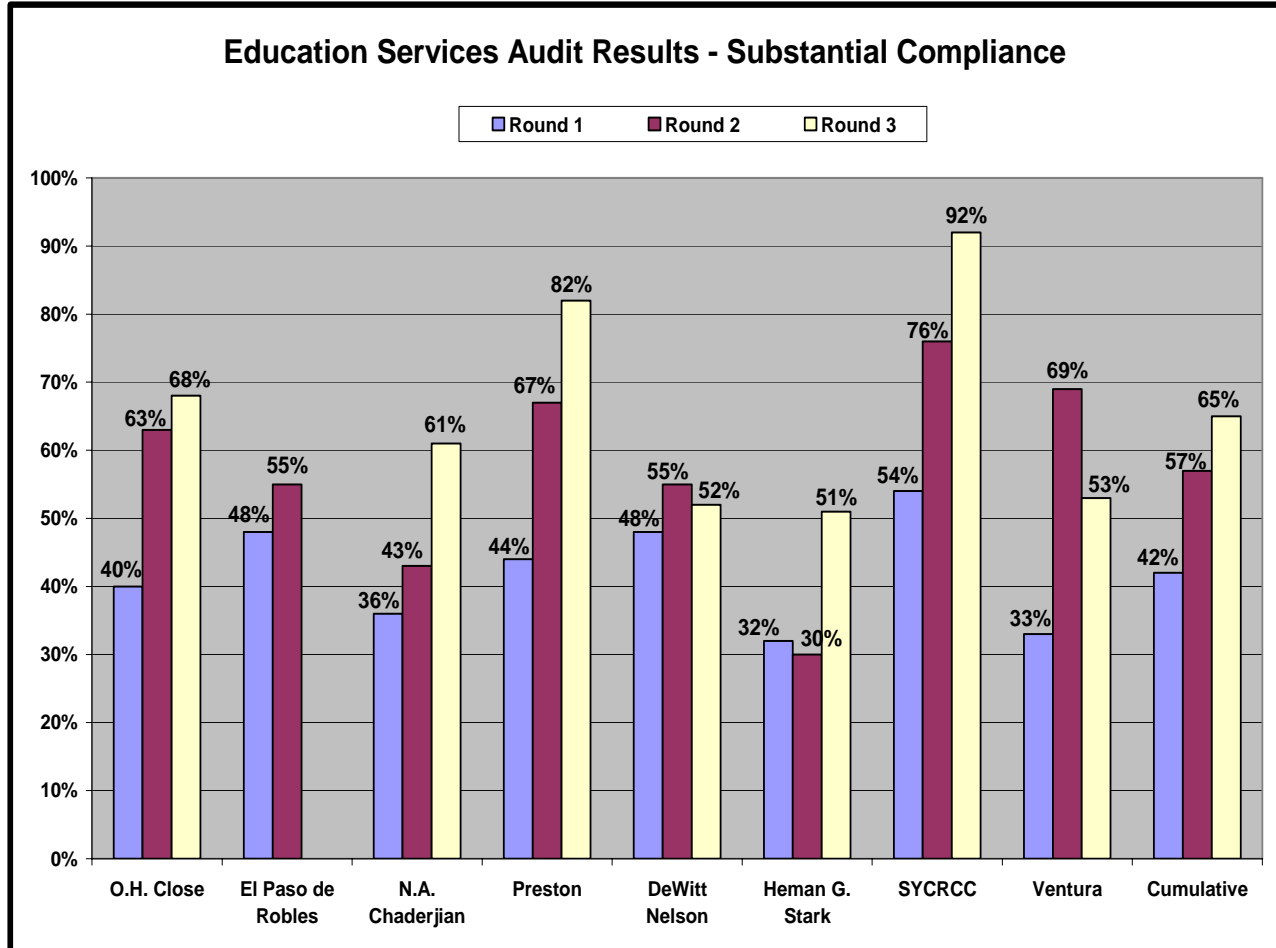


Figure 12: Education Audit Results Round 3: Substantial Compliance by Facility & by Round

- The 92% for the Southern Youth Correctional Reception Center-Clinic represents the highest rated audit for any facility for any *Farrell* Remedial Plan to date.
- Even though the Heman G. Stark Youth Correctional Facility rated the lowest of any facility at 51% for the third round, it still represented a 21% increase in its Substantial Compliance from the previous round.
- The Ventura Youth Correctional Facility and the DeWitt Nelson Youth Correctional Facility declined in their Substantial Compliance percentage from the previous round. The Ventura Youth Correctional Facility's decline was the result of a change in local administration shortly before the audit took place. The DeWitt Nelson Youth Correctional Facility's decline in Substantial Compliance was minimal but the facility was able to continue to decrease its overall Non-compliance percentage. Since this audit took place, the DeWitt Nelson Youth Correctional Facility has been closed due to a declining population.

SUBSTANTIAL + PARTIAL COMPLIANCE COMPARISON

A Partial Compliance rating, while not at the same high level as Substantial Compliance, does demonstrate that progress and work effort have been achieved to move a given audit item towards Substantial Compliance. The graph below combines the Substantial and Partial Compliance percentages for each facility for each round of audits to demonstrate the amount of work that has been put forth in working toward Substantial Compliance. A percentage of 100% indicates that the facility does not have any audit items rated as being in Non-compliance.

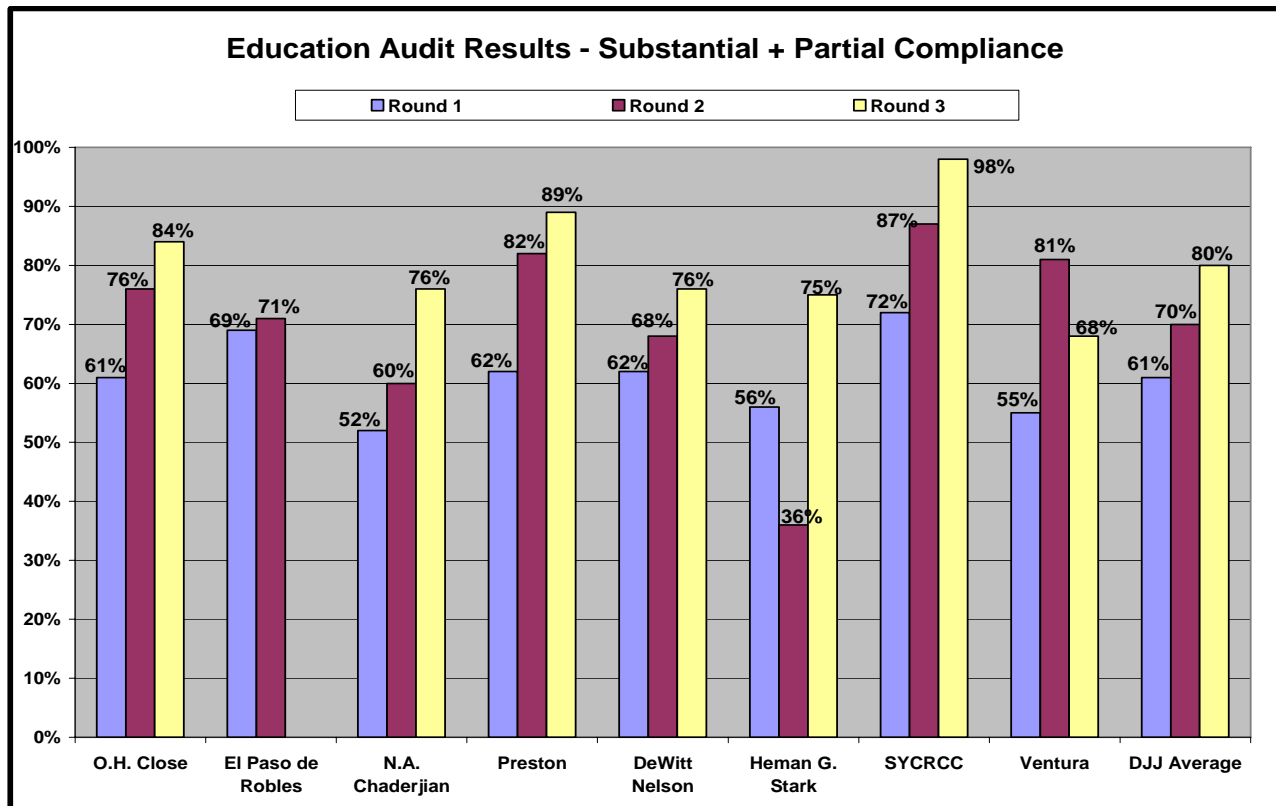


Figure 13: Education Audit Results Round 3: Substantial Compliance by Facility & by Round

- The Southern Youth Correctional Reception Center-Clinic is currently at 98% when combining the Substantial Compliance percentage with the Partial Compliance percentage and is the highest rated facility by the Education Experts. The facility had only three audit items rated in Non-compliance out of the 107 items that received a compliance rating.
- The Ventura Youth Correctional Facility is the lowest rated facility at 68%. This was a significant decline from the 81% it received in Round 2. DJJ believes this decline was due to a change in the local administration and a lack of understanding by the new administrators in how to prepare for an Education Services audit. The Education Experts have been clear on what documentation should be gathered and provided to them upon their arrival to a facility for the purpose of conducting an audit. The new administrators were not aware of which documentation was needed and therefore the facility received many Non-compliance ratings due to "No documentation provided." It should be noted that in the previous audit, the Ventura Youth Correctional Facility was one of only three facilities that had a percentage of 80% or greater.

2.1.4 Expert Feedback

DJJ has not received an audit report for the last quarter and therefore, DJJ has not received any Expert feedback specific to any recent audits. However, DJJ has had several informal communications with the Education Experts, who have identified several audit items that DJJ needs to address prior to the next round of audits to ensure that DJJ remains in Substantial Compliance on those items.

2.1.5 Status of Specific Action Items

Relieved Items

In the Consent Decree, on page 11, paragraph 23, it states:

“When a facility is found to be in substantial compliance on an issue for one full year, and is found to remain in substantial compliance after review by the relevant expert(s) one year later, expert tours regarding that issue at that facility shall end.”

A “relieved” audit item is the term used when an audit item has met or exceeded the two-year Substantial Compliance threshold, and the appropriate expert has formally noted that the audit item is removed from that expert’s future monitoring.

The chart below identifies the 11 action items that the Education Experts have identified as relieved from future independent monitoring as a result of sustained Substantial Compliance ratings. Although the Experts have removed these 11 action items from future audits, DJJ is still responsible for ensuring that these 11 action items are maintained at their current level of compliance.

Education Services Action Items Relieved from Future Expert Monitoring			
DJJ #	Item#	Action Item	Deadline
2	1.2	FACILITY ACTION ITEM – The CYA will Provide written verification that their courses are California Education Standards driven and that they meet state curriculum standards.	N/A
59	4.1	FACILITY ACTION ITEM – Verify with written documentation that the CYA curriculum meets the Content Standards and Curriculum Frameworks for the California Public Schools.	N/A
60	4.2	FACILITY ACTION ITEM – Verify with written documentation that there is a process in place to coordinate curriculum revisions and develop curriculum guides on a cyclical basis.	N/A
61	4.3	FACILITY ACTION ITEM – Verify that Curriculum Guides with content, performance standards and process for instruction exist for all core area courses (English/Language Arts, Science, Mathematics, Social Studies) and vocational education courses taught in the CYA schools.	N/A
62	4.4	FACILITY ACTION ITEM – Verify that the core academic guides are available to all staff electronically in December 2005.	12/1/05
63	4.5	FACILITY ACTION ITEM – Compare the number of textbooks and library books at each site with applicable standards.	N/A
64	4.6	FACILITY ACTION ITEM – Verify in August 2005 that the annual inventory and needs assessment has been conducted.	N/A
81	4.23	FACILITY ACTION ITEM – Verify that policies have been revised to reflect changes in operations.	N/A

Education Services Action Items Relieved from Future Expert Monitoring			
DJJ #	Item#	Action Item	Deadline
108	6.1	FACILITY ACTION ITEM – Verify the use of the state mandated testing schedule through observation and interviews. Through student interviews and file reviews, verify access of eligible students to the state mandated exam.	N/A
109	6.2	FACILITY ACTION ITEM – The CYA will provide written verification that the content of its curriculum guides in English-language arts and mathematics is related to items on the California Graduation Test.	N/A
110	6.3	FACILITY ACTION ITEM – Through student interviews and file reviews, verify that eligible students have appropriate opportunities to pass the state mandated exam.	N/A

Audit Items in Substantial Compliance Two Years or Longer

Due to improved compliance tracking methods, DJJ is now able to identify all of the Education Services audit items that have achieved a Substantial Compliance rating for two or more years and can identify whether or not that audit item has been formally relieved from further monitoring by the Education Experts.

The chart below identifies the overall status of the Education Services' audit items that have been in Substantial Compliance for two years or longer at each of the seven facilities audited.

Number of Audit Items in Substantial Compliance for Two Years or Longer								
EDUCATION SERVICES	OHC	NAC	HGS	Preston	Ventura	SYCRCC	DWN	Total
Number of Audit Items	115	115	115	115	115	115	115	805
Number of Audit Items in Substantial Compliance for two years or longer	33	26	20	42	23	46	33	223
Percentage of Audit Items in Substantial Compliance for two years or longer	29%	23%	17%	36%	20%	40%	29%	28%
Number of Audit Items that have been relieved by the experts	11	11	11	11	11	11	11	77
Number of Audit Items in Substantial Compliance for two years or Longer that have not been relieved by the Experts	22	15	9	31	12	35	22	146
Percentage of Audit Items that have been in Substantial Compliance for two years or longer that have been relieved by the Experts	33%	42%	55%	26%	48%	24%	33%	34%
Percentage of Audit Items in Substantial Compliance for two years or longer that have not been relieved by the Experts	67%	58%	45%	74%	52%	76%	67%	66%

Of the 223 audit items that have met the two year Substantial Compliance threshold, 77 (34%) have been relieved from future monitoring by the Education Experts. The Education Experts are still monitoring the remaining 146 (66%) audit items that have been in Substantial Compliance for two years or longer.

Items Removed from Relieved Status

The Education Experts have not rescinded any audit item that they have previously identified as being relieved from future audits.

Statewide Compliance Items

In addition to the 11 relieved action items, there are also 21 action items for which the Education Experts have provided Substantial Compliance ratings for each of the seven facilities audited during the last round of audits. When an action item receives a Substantial Compliance rating for every applicable site, this is referred to as being in "Statewide Compliance." Items that are found to be in "Statewide Compliance" should not be confused with audit items that have been formally relieved from future expert monitoring.

The chart below lists the 21 action items in which every facility received a Substantial Compliance rating during the last round of audits.

Education Services Action Items in Statewide Compliance – Round Three (Relieved Items not Included)			
DJJ #	Item#	Action Item	Deadline
1	1.1	FACILITY ACTION ITEM – Verify WASC accreditation status at all school sites. Review WASC records at each site.	N/A
10	2.3	FACILITY ACTION ITEM – Review and evaluate the written recruitment plan and the qualifications and use of the 2 recruiters.	N/A
17	2.10	FACILITY ACTION ITEM – Use a sample of 10 or 10%, whichever is greater, of special education students referred for related services during the monitoring period; determine how long it was from referral to provision of services.	N/A
18	2.11	FACILITY ACTION ITEM – Verify employment of 2 school psychologists at schools with restricted programs.	N/A
19	3.1	FACILITY ACTION ITEM – Verify the existence and implementation of a Standardized 220 day Academic Calendar which provides for at least 240 minutes of instruction each day for each eligible student.	N/A
20	3.2	FACILITY ACTION ITEM – Verify the existence and implementation of a Standardized 220 day Academic Calendar which provides for at least 240 minutes of instruction each day for each eligible student.	N/A
22	3.4	FACILITY ACTION ITEM – Verify that high school registrars request transcripts from any prior school within 4 school days of the student's arrival at the facility for students entering during the monitoring period.	N/A
48	3.30	FACILITY ACTION ITEM – Review and evaluate annual school calendar.	N/A
49	3.31	FACILITY ACTION ITEM – Review scheduling and utilization of the 44 student advising/case conference days per year.	N/A
71	4.13	FACILITY ACTION ITEM – Verify the use of annual surveys to provide vocational course planning by July 2005.	7/1/05
72	4.14	FACILITY ACTION ITEM – Verify the use of annual Career Technical job studies to determine the effectiveness of CTE programs.	N/A
80	4.22	FACILITY ACTION ITEM – Verify that the strategic plan and reading initiative are being implemented at each site.	N/A
82	4.24	FACILITY ACTION ITEM – Verify that policies are made available to staff electronically by June 2006.	6/1/06
83	5.1	FACILITY ACTION ITEM – Verify that the manual is complete and made available to staff by September 2005. Verify that Special Education Manual meets all relevant state and federal rules and guidelines.	9/1/05

Education Services Action Items in Statewide Compliance – Round Three – cont. (Relieved Items not Included)			
DJJ #	Item#	Action Item	Deadline
92	5.10	FACILITY ACTION ITEM – Verify that the revised standards are established and that the timelines are being met.	N/A
102	5.20	FACILITY ACTION ITEM – Verify in-service training schedule including dates and outline of topics. Verify staff attendance through inspection of in-service roll information and review of Principal's Monthly Report.	N/A
106	5.24	FACILITY ACTION ITEM – Verify in-services schedule including date and topics. Verify staff attendance through inspection of in-service roll information and review of Principal's Monthly Report. Verify schedule using CYA Master Calendar.	N/A
107	5.25	FACILITY ACTION ITEM – Review quarterly site review reports.	N/A
111	6.4	FACILITY ACTION ITEM – Verify by records review of students taking state mandated exams that appropriate accommodations, modifications or variations were provided as a part of testing procedures (in accord with CDE guidelines).	N/A
112	6.5	FACILITY ACTION ITEM – Review the cooperative agreements to ensure students' access and attendance in the school program. Interview staff and students to verify implementation of the agreements.	N/A
113	6.6	FACILITY ACTION ITEM – Verify by records review of students taking the test that students failing at least one part of the exam were provided specific remediation related to test items.	N/A

Action Items with Majority Ratings of Non-compliance

In addition to identifying areas of progress, the Education Experts' audit reports also provide valuable information on the action items that require more attention and work before they will be deemed to satisfy the mandates of the Education Services Remedial Plan. Generally, these types of items require a higher level of inter-departmental coordination and are sometimes dependent on action items from other remedial plans being implemented, thus making them more challenging to implement in a timely manner.

The chart below identifies 17 action items which received a majority of Non-compliance ratings at the different facilities.

Education Services Action Items with Majority of Ratings of Non-compliance			
DJJ #	Item#	Action Item	Deadline
13	2.6	FACILITY ACTION ITEM – Document class cancellations due to teacher absences that are not covered by substitute teachers.	N/A
33	3.15	FACILITY ACTION ITEM – Review 10 or 10%, whichever is greater, student files to document school attendance for the last 30 school days.	N/A
34	3.16	FACILITY ACTION ITEM – Review the cooperative agreements to ensure students' access and attendance in the school program. Interview staff and students to verify implementation of the agreements.	N/A
37	3.19	FACILITY ACTION ITEM – Review and evaluate quarterly corrective action plans for sites that have an absence rate of more than 7%.	N/A
38	3.20	FACILITY ACTION ITEM – Review school schedules for the last 30 days. Review WIN Data and verify individual class cancellations at each site. Interview teachers, other staff and students.	N/A
52	3.34	FACILITY ACTION ITEM – Verify the use of the alternative behavior management classroom at each site.	N/A
55	3.37	FACILITY ACTION ITEM – Verify existence of classrooms in restricted settings. Verify that all classrooms meet minimum CDOE size standards. Report the number of students in restricted settings served in small classrooms and the number not being served.	N/A

Education Services Action Items with Majority of Ratings of Non-compliance			
DJJ #	Item#	Action Item	Deadline
56	3.38	FACILITY ACTION ITEM – Review current and previous 30 school days class rolls for all restricted school programs to determine staffing pattern. Verify teachers' credentials. Review high school graduation plans, IEPs and other documents to document assignment/instructional match.	N/A
57	3.39	FACILITY ACTION ITEM – Verify instructional program on restricted units by reviewing school schedule, education progress reports and school transcripts. Conduct direct observation of instructional program. Interview site administrators. Interview teachers, custodial staff and students.	N/A
75	4.17	FACILITY ACTION ITEM – Verify implementation and use of Global Classrooms distance learning.	6/1/2006
76	4.18	FACILITY ACTION ITEM – Verify use of distance learning in restricted settings by direct observation, lesson plan and transcript review.	N/A
79	4.21	FACILITY ACTION ITEM – Verify the practice of quarterly teacher observations by administrators using the revised rubric for Classroom Observation.	N/A
88	5.6	FACILITY ACTION ITEM – During site visits and staff interviews, determine whether each CYA facility provides a continuum of placement options, including the full range of time, frequency and duration within each option.	N/A
89	5.7	FACILITY ACTION ITEM – During site visits and through staff interviews, determine whether the continuum of available special education services is provided to all eligible students including those assigned to restricted settings.	N/A
90	5.8	FACILITY ACTION ITEM – Review 10 or 10% whichever is greater, of special education student files at each site to verify that eligible students are receiving the required number of segments and full instructional day. Interview special education students to verify that services listed in IEPs are being provided.	N/A
95	5.13	FACILITY ACTION ITEM – Verify existence of collaborative agreements.	N/A
96	5.14	FACILITY ACTION ITEM – Verify established procedures that enforce requirements.	N/A

2.1.6 Proof of Practice

The following chart identifies the Proof of Practice documents relating to the Education Services Remedial Plan that have been sent to the Education Experts and the Special Master during the last quarter. The Proof of Practice documents are evidence of the progress DJJ makes toward full implementation of the audit item, but submission of these documents to the Experts does not necessarily mean that the audit item for which the Proof of Practice documents are submitted have been completed. It merely demonstrates DJJ's efforts to come into compliance and the progress being made on a given action item.

Education Services Proof of Practice Documents Submitted During the Last Quarter				
Log #	Section	Audit Item Description	Documents Submitted	Date Sent
210	S&W 6-2c	"Program Service Day schedule for core program"	Memorandum, dated August 7, 2008, from Bernard E. Warner, Chief Deputy Secretary, subject: "Program Service Day" (1 page).	8/11/08
	MH 5-18	"Develop Program Service Day Schedule for MH living units"		
214	2.4 -6	"Conflict Resolution Team(s)"	Revised draft of the Behavior Treatment Program Operations Guide with a request for feedback and suggested revisions. PLEASE NOTE: DJJ respectfully requests review and comments by the close of business on Tuesday, September 3, 2008.	8/19/08
	5 - 1	"Consult with subject matter experts re: program design"		
	6 - 6	"Program Service Day schedule for BTPs"		
	6 – 7a	"DJJ Integrated Behavior Treatment Model"		
	6 – 7d	"Complete Training . . . Motivational Interviewing"		

Education Services Proof of Practice Documents Submitted During the Last Quarter				
Log #	Section	Audit Item Description	Documents Submitted	Date Sent
248	Gen. Info.	These documents are not submitted for a particular audit item but to demonstrate overall progress made by DJJ in increasing the number of students attaining levels of academic achievement, including enrollment in college courses, completing CTE certificates, passing the GED, and earning high school diplomas.	1 – California Department of Corrections and Rehabilitation Press Release, issued September 12, 2008, entitled, "Youthful Offender College Enrollment Up 300 Percent, with GED and Voc-Ed Programs Increasing Graduation Rates" (3 pages); 2 – Memorandum, dated September 4, 2008, subject: "AY 2007-08 Academic Progress Report" from Jim Cripe, Principal (5 pages); 3 – Document entitled, "2007-2008 Academic Progress Report for California Juvenile Offenders" (1 page); 4 – News article from the Stockton Record, dated September 15, 2008, entitled, "Juvenile Wards Make Significant Education Gains" (1 page).	9/23/08

2.1.7 Summary and Application of Audit Findings

DJJ is looking forward to the Education Experts' next round of audits and is committed to implementing the mandates of the Education Services Remedial Plan. Although DJJ has established an objective pattern of progress as demonstrated by the Education Experts compliance data, DJJ is fully aware that it still has work to do to attain full compliance for all the mandates within the Education Services Remedial Plan. DJJ looks forward to continuing to work with the Education Experts to assist in overcoming the more complex and problematic issues still remaining within the Education Services Remedial Plan.

2.1.8 Signs of Progress

The following pages contain three media stories highlighting DJJ progress in implementing the reforms in the Education Services Remedial Plan. The following articles demonstrate the progress that is being made:

- **"From gangs to grads"** by Helen Bonner of *Ledger Dispatch*, released on November 18, 2008.
- **"Graduates get a second chance"** by Karissa Nedeau of *Whittier Daily News*, released on October 24, 2008.
- **"Youthful Offender College Enrollment Up 300 Percent, with GED and Voc-Ed Programs Increasing Graduation Rates"** CDCR Press Release by Seth Unger / Gordon Hinkle, released on September 12, 2008

From gangs to grads

Tuesday, November 18, 2008

By Helen Bonner

The graduation ceremony at the Pine Grove Youth Conservation Camp on Friday wasn't your average high school celebration.

Wearing traditional caps and gowns were 18- to 24-year-old-men mentally hardened by gang or prison experiences that once left them with dim prospects. Now tempered by firefighting and diligent physical and mental training, their dignified faces showed these wards of the court had found hope and respect.

Of the graduates, 28 earned high school diplomas and 23 had passed their GEDs. There would have been 51 on the platform, but a few minutes earlier, some had to exchange their black robes for firefighting gear and head for Southern California in strike teams.

After a formal processional, camp Superintendent Mike Roots, a tall man in uniform obviously proud of the camp, welcomed families of the remaining graduates, many from Fresno or farther. Guest speaker Jim Cripe, the school's principal and district assessment coordinator, expressed the sentiments of many others when he said how rewarding his work is.

"Ten years ago I came here hoping to hire on and was told 'no chance.' I got out of L.A., stuck to it, and since then I've worked at the greatest place on the planet," he said.

Capt. Howard Drummond of the California Department of Forestry and Fire Prevention, praised the young men for their courage and dedication to the goal of giving back to the community. "Sometimes they face hot lines within a few feet of advancing flames 50 feet high," he said.

Families and friends cheered as each youth picked up his diploma.



More than 50 wards at the Pine Grove Youth Conservation Camp earned high school diplomas and GED certificates Friday. Not all the graduates were present, however, as some traveled to Southern California in strike groups to assist with firefighting efforts.

Photo by: Helen Bonner



Teacher Lynn Louderback expressed pride in Pine Grove ward Kevin Jauregui, one of more than 50 to graduate in Friday's ceremony.

Photo by: Helen Bonner

With its split rail fences and forest setting, the Pine Grove Youth Conservation Camp looks more like a prestigious summer camp than a correctional facility. Tucked in the foothills a few miles above Pine Grove, it is operated by the California Department of Corrections and Rehabilitation's Division of Juvenile Justice and is the oldest, continuously operated fire camp in the U.S. With approximately 80 wards from all over California, the camp maintains its own high school diploma program, as well as a partnership with CAL FIRE.

"The camp is more than your average correction and rehab center," Roots said. "It's a no-fence facility with a program based on honor and personal achievement. It is for wards who are committed to making major changes in their lives."

The men are "a mixture of most gang sets: northern and southern Hispanics; Fresno area Bulldogs; Bay Crips and Bloods," he continued. "But we tolerate zero gang activity."

Instead, the wards must learn each day how to work together inside a fire camp, how to fight fires and cooperate in community clean-up projects. Each night, they attend four hours of school.

"Our youth are elite members of the statewide fire crew family, providing high levels of responsibility, the need for teamwork, the satisfaction of becoming part of this statewide project - instilling character and confidence in the youth that cannot be duplicated anywhere else in the correctional field," Roots said.

The criteria are strict, he added. "There can be no history of escape by force or violence, no arsonists or sex offenders," Roots explained. "Any deviant behavior leads to immediate expulsion. We can't jeopardize the safety of the community."

Roots described a four-point program for success: Group living teaches respect for the rules, discipline and positive decision making. Time with one of 12 specially-trained youth correctional counselors, individually and in groups, deals with drug usage, anger replacement, impulse control and domestic violence, all aimed at changing gang-formed value systems.

Education is a major element. Wards at Pine Grove are required to earn their high school diplomas or obtain their GEDs prior to consideration for parole. But, according to Roots, "the most youth-transforming program is the partnership with CAL FIRE, providing daily, year-round employment assignments. All summer long they are in demand. Two crews might be in San Diego, while others are in Humboldt's redwood area. In winter, you see them performing brush removal, creek maintenance, road border management and various municipal projects. Last year, they fought 108 fires, for a total of 92,000 hours. This is a tremendous fiscal boost to the state."

Three years ago, the CDCR implemented sweeping changes in academic education programs for juvenile offenders. "Progress is being made because of dedicated staff, improved curriculum, standards-based instruction and partnerships with community colleges," said Bernard Warner, chief deputy secretary of the Division of Juvenile Justice.

College enrollment is up 300 percent, with GED and vocational education programs increasing graduation rates. More than 50 graduates from the Preston Youth Correctional Facility recently received high school diplomas and GED certificates. There has also been a 70 percent increase in career technical education certificates.

"This is a sign that the reforms underway are working, and demonstrates that California's investment in successful youthful-offender education programs are paying off," Warner boasted. "The credit goes to the youth who are taking strides toward their own future success and educators diligently working to meet the needs of their students."

One of those educators, Lynn Louderback, recently made the transition from a local elementary school. "This work is so rewarding," she told the Ledger Dispatch. "After a mixture of bad breaks and bad choices, some of these kids checked out in junior high, thinking they wouldn't live to be 23. They never valued life. Now look at them."

She pointed to new graduate Kevin Jauregui. Solemn and strongly built, Jauregui said what sent him to prison was "robbery with great bodily injury. But I've come a long way. Hopefully I'll get a good job as a firefighter."

Because of new state mandates, wards released on probation will no longer be sent back home with no further help, Roots said. They were once expected to get jobs when they had no skills, drivers licenses or social security cards. "We now make sure they have these, and follow up to assure their transition to a lawful life is successful," Roots added.

Camp teacher Betty Clark said, "We hear from the guys after they leave, the new job, new baby - they are doing good things."

According to realcostofprisons.org, it costs at least \$123 a day to keep a man in prison, and \$5.6 billion a year for all California prisons. California spends more money on its burgeoning prison system than on education, according to the state budget committee.

Helen Bonner

Ledger Dispatch Contributor

Graduates get second chance

By Karissa Nedeau, Correspondent

Posted: 10/24/2008 09:08:19 PM PDT

NORWALK - "Our leadership is our legacy. It's like that."

Lloyd Payne, valedictorian of the class of 2008 at Jack B. Clarke High School, concluded his speech on this confident note.

Payne was locked up in juvenile hall at age 13 because he was involved in hustling after school, but is in a very different place today.

At commencement ceremonies Friday, he and dozens of other graduates had a thing or two to tell the group of parents, staff, dignitaries and peers about leadership because of their opportunity at the Southern Youth Correctional Reception Center and Clinic.

"The goal of all our facilities is to focus on the strengths our youth have, provide them with skills, and give them the opportunity to turn their lives around," said Bernard Warner, chief deputy secretary, Division of Juvenile Justice.

This was the largest graduating class at the present facility - 57 total diplomas were handed out.

"The numbers in the facilities have gone down, but the success rate in achievement has gone up," Warner said.

Superintendent Cassandra Stansberry was teary-eyed as she spoke to the crowd.

"I care for your children. We made every effort to make their lives better here," she said.

The parents certainly appreciated that effort.

"Dansbury is a wonderful superintendent - I want to make sure people know that," said Maria Tavaréz, whose son, Michael, received his GED.

Keynote speaker and 2006 graduate Rene Cisneros, 21, took advantage of his opportunity at the SYCRCC. He has been out of the facility for eight months, and has a job, school, car and children on the way.

"Some people judge me by my clothes and say I'm a thug, but I'm a successful thug if that's the case," said Cisneros, who is en route to becoming a counselor.

Fred Griffin, 18, is another student who changed his life dramatically since starting at the facility.

"I grew up in Watts and was deep into gang activity. I wasn't arrested; I was rescued, because if I stayed I would have died," Griffin said.

Now, he said, he is "ready for tomorrow."

"Fred made a complete 180 - everything clicked inside him when he came here," said Craig Stewart, a math, economics and victims' awareness teacher.

Fellow graduate Michael Medina, 18, has also overcome his violent past, something he said he never thought he could do.

"Now I want to go out and get a job, and keep on going to school," he said.

"Guys come here arrested, confused, angry and high. This is a sobering experience, literally," Stewart said.

Graduate Brian Gray certainly learned how to correct himself during his time at the center. In the midst of singing the national anthem, he cracked on a high note.

"Forgive me for that, I'm nervous," Gray said.

But when he started again, his voice was clear, more powerful, and drew wild applause.

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NEWS
From the Office of Public and Employee
Communications



For Immediate Release
Contact: Seth Unger / Gordon Hinkle
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September 12, 2008

Youthful Offender College Enrollment Up 300 Percent, with GED and Voc-Ed Programs Increasing Graduation Rates



Photo Credit: Eric Owens

On September 12th, more than 50 graduates from the James A. Weiden High School at the Preston Youth Correctional Facility crossed the stage and received high school graduation diplomas and GED certificates. DJJ has a long-standing record of juvenile offender educational programming.

Progress reports show DJJ academic reforms are producing results

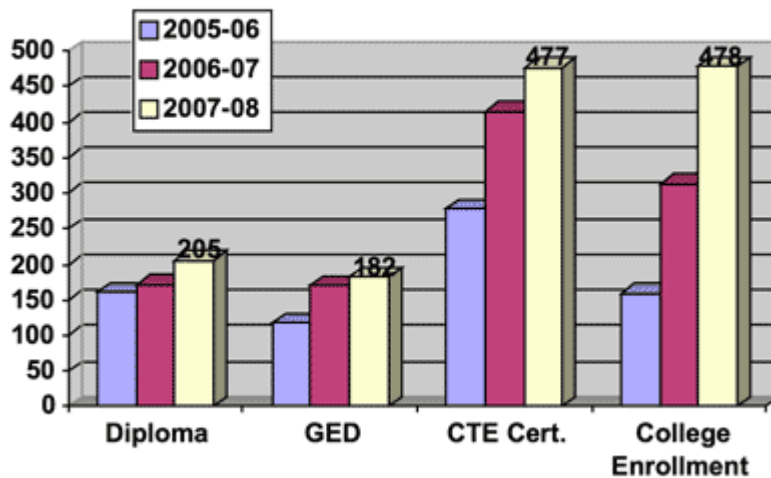
SACRAMENTO – California's youthful offender programs have yielded significant increases in college enrollment, high school diplomas, and GED and vocational degrees over the last three years, according to the state's latest progress reports. The California Education Authority (CEA), the school district responsible for programs for youth at juvenile correctional facilities, details academic progress annually in the state's juvenile correctional facilities.

According to the [September 2008 report](#) from the CEA's Principal of School Accountability, youth in California's Division of Juvenile Justice have seen sharp improvements in education programs since 2005, including a:

- 300 percent jump in students enrolled in college courses;
- 70 percent increase for students getting their Career Technical Education Certificate;
- 50 percent hike for students passing their GED test; and,
- 20 percent increase in high school diplomas earned.

California Education Authority Academic Progress

(AYs 2005-2006, 2006-2007, 2007-2008)



Source: June Principal's Monthly Report (2006-2008)

California's youthful offenders have experiencing significant increases in college enrollment, high school diplomas, and GED and vocational degrees over the last three years according to the state's latest progress reports.

Three years ago, the California Department of Corrections and Rehabilitation's (CDCR) Division of Juvenile Justice (DJJ) implemented sweeping changes to the delivery of academic education programs for juvenile offenders. These new figures show that today more students are enrolling in college, earning their high school diplomas, passing their General Education Development (GED) tests, and receiving Career Technical Education Certifications than were three years ago.



"These are the numbers we want to see. Progress is being made because of dedicated and talented staff, improved curriculum, standards based instruction, and partnerships with community colleges," said Bernard Warner, DJJ Chief Deputy Secretary. "This is a sign that the reforms underway are working, and demonstrates that California's investment in successful youthful offender education programs is paying off."

In August 2005, the DJJ population was 3,189. In August 2008, it was 1,856 – a decline of 1,333 wards, or 42 percent of the overall population. During the same period, 538 DJJ students received their diploma, 470 passed their GED test, 1,169 obtained a Career Technical Education certification and 951 enrolled in college.

"Today we are seeing significantly more students excel in education programs than we were just three years ago," said Doug McKeever, Director of Juvenile Programs. "The credit goes to the educators who are diligently working to meet the needs of their students, and to the youth who are taking strides toward their own future success."

CEA ACADEMIC PROGRESS REPORT

YEAR	DIPLOMA	GED	CTE CERT.	COLLEGE ENROLLMENT
2005-2006	161	118	278	160
2006-2007	172	170	414	313
2007-2008	205	182	477	478
TOTAL (3 year total)	538	470	1169	951

Academic Progress Report data shows that a revised GED process has enabled students to continue working toward achieving a high school diploma, enroll in a Career Technical Education program or enroll in college.

In March 2005, the DJJ implemented the Education Services Remedial Plan. The goal of the plan was simple: to ensure that students have the opportunity to be successful upon release. Under the Education Services Remedial Plan, students are enrolled for approximately 300 minutes each day of the 220 day school year. The DJJ has adopted a core curriculum that meets state standard requirements in all disciplines in all its facilities. All instruction delivered is based on subject matter standards adopted by the California Department of Education. Textbooks are consistent with state standards.



The plan also called for a revised GED process that has enabled students to continue working toward achieving a high school diploma, enroll in a Career Technical Education program or enroll in college.

The DJJ partnered with Coastline Community College to achieve these significant gains in college enrollment. Founded in 1976, Coastline Community College has an international reputation as one of the country's most innovative institutions. The college does not have a traditional campus but delivers instruction at approximately 50 sites throughout its district.

"I am proud of our teachers, educators and administrators for their commitment to academic excellence and for putting their students first," Warner said. "Through our remedial plan we have been able to achieve better tracking and accountability, which has improved results."

#

2.2 Sex Behavior Treatment Remedial Plan Compliance Status

2.2.1 Historical Audit Perspective

Court Filings

The Sexual Behavior Treatment Program (SBTP) Remedial Plan was filed with the Court on May 16, 2005. The SBTP audit tool was included with the filing of the SBTP Remedial Plan.

Audit Tool

The SBTP audit tool has approximately 53 action items. It is difficult to ascertain the exact number of action items and audit items as the audit tool is not clear or consistent in identifying both the audit criteria and its corresponding compliance rating. Associated with the 53 action items are 212 audit items. The number of audit items refers to the total number of compliance ratings that DJJ will receive within a given audit cycle or, in other words, the number of things that DJJ has to "get right" in order to come into full compliance for a given round of auditing.

In the latest SBTP Annual Report, the SBTP Expert provided compliance ratings on 53 action items instead of the previously identified 52. Also, the number of 212 audit items is greater than the previously reported 208. The 208 number was derived from the assumption that the SBTP Expert was just going to audit the four formal SBTP Programs within DJJ. However, in her last Annual Report, the SBTP Expert began to provide compliance ratings on informal programs as well as "DJJ Administration" specific audit items. Because these two new categories were added for the first time in her latest report and that the number of action items has increased by one since her last report, DJJ is unclear as to the exact number of SBTP audit items it is responsible to be in compliance with.

None of the approximately 53 SBTP action items within the audit tool have a specific deadline for implementation.

Audit Tool Breakdown

Audit Item Numbers Based on Six Facilities	Filing Dates		"Action Items"			"Audit Items"		
	Remedial Plan	Audit Tool	# of Action Items with a Deadline	# of Action Items without a Deadline	Total # of Action Items	# of Audit Items with a Deadline	# of Audit Items without a Deadline	Total # of Audit Items
Sexual Behavior Treatment Program	5/16/05	5/16/05	0	53*	53*	0	212**	212**

* Originally in past Reports this number was listed as 52 but since receiving the SBTP Expert's most recent Annual Report she is now providing compliance ratings on 53 action items.

** This number is based on the four Formal SBTP Programs within DJJ. However, there is an informal program at Preston in which the SBTP Expert has since provided compliance ratings for in her most recent Annual Report. In addition, the SBTP Expert has now included a "DJJ Administration" section in her Annual Report. Because of these occurrences the number of audit items will be greater than 212 but DJJ does not have a clear understanding of the exact number of audit items it is responsible to be in compliance with at this time.

Audit History

The SBTP Expert conducted her first round of visits in October 2005 at each of the four facilities that have a residential Sexual Behavior Treatment Program: O.H. Close Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility, Heman G. Stark Youth Correctional Facility, and the Southern Youth Correctional Reception Center-Clinic. In January 2006, the SBTP Expert provided DJJ with her first comprehensive report addressing all four programs. This report was in a narrative format and did not use the matrix/spreadsheet audit tool that was filed with the Court. Although the SBTP Expert did supply approximately 26 compliance ratings in this report, it was difficult, due to the narrative nature of the report, for DJJ to align many of the compliance ratings to a specific action item. Also, the SBTP Expert's report provided a singular compliance rating for each audit item for all four facilities. Of the 26 compliance ratings provided in this initial report, approximately nine were for Partial Compliance (35%) and 17 were for Non-compliance (65%).

The SBTP Expert's second round of visits incorporated the use of the Court filed audit tool and provided specific compliance ratings for each of the audit items. However, the Expert did not provide site-specific compliance ratings but, rather, a single compliance rating for every facility for each of the different audit items. This resulted in all four facilities having identical compliance percentages. For compliance tracking purposes, this second round of visits, in which specific audit items received a specific compliance rating, is referred to as "Round One" of the audits.

The SBTP Expert's most recent Annual Report provided DJJ with site-specific information for the four formal SBTP Programs as well as the Preston informal program and a section identified as "DJJ Administration." DJJ is very appreciative that the SBTP Expert provided site-specific compliance ratings and comments in her most recent Annual Report. This level of detail allows DJJ to objectively assess the progress of each facility's SBTP program and to identify the issues that need further attention.

The chart below provides a more detailed listing of all of the SBTP audits by facility to date:

SBTP	Initial Visit	ROUND ONE		ROUND TWO	
Facility	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
SYCRCC	Oct. 25, 2005	July 26, 2007	21 months	May 21, 2008	10 months
Heman G. Stark	Oct. 24, 2005	July 27, 2007	21 months	May 22, 2008	10 months
N.A. Chaderjian	Oct. 21, 2005	May 25, 2007	19 months	April 29, 2008	11 months
O.H. Close	Oct. 20, 2005	May 24, 2007	19 months	Feb. 21, 2008	9 months

Future Audit Schedule

The SBTP Expert has not provided DJJ with a schedule for her next round of audits. It is anticipated that the SBTP Expert will complete her next round of audits prior to the end of this fiscal year.

2.2.2 Most Recent Audit Findings

Audit Reports Received During Last Quarter

On October 10, 2008, DJJ received the final version of the SBTP Expert's Annual Report. This report provided site-specific information on the Sexual Behavior Treatment Programs at the O.H. Close Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility, Heman G. Stark Youth Correctional Facility, Southern Youth Correctional Reception Center-Clinic, Preston Youth Correctional Facility and DJJ Headquarters ("Administration").

2.2.3 Sexual Behavior Treatment Program Audit Results

Audit Results Introduction

The Sexual Behavior Treatment Program charts on the following pages document the most up-to-date compliance ratings for each site audited by the SBTP Expert. The compliance percentages are derived from the SBTP Expert's Annual Report. These charts also include the cumulative results of the most recent round of audits as well as the comparison of a facility's prior audit results in previous rounds. Attached at the bottom of these charts are the statistical data for each audit performed for the identified site.

The percentages identified in the following charts have been rounded off and therefore, may have a slight variance of no more than 1% of either less than or greater than 100%. For example, in adding up the different compliance percentages, the sum total for a given site could either be 99%, 100% or 101% due to the rounding off process.

To help fully understand the charts on the following pages, the abbreviations, color code, and terms below are more clearly defined:

- **SC** = Substantial Compliance and is shaded in green.
- **PC** = Partial Compliance and is shaded in yellow.
- **NC** = Non-compliance and is shaded in red.
- **N/A** = Not Applicable and is shaded in gray.
- **Numbers in red font** = A negative number denoting a decrease in a compliance percentage.
- **Raw %** = The compliance percentages with the number of N/A items included in the calculations.
- **Adjusted %** = The compliance percentages with the number of N/A items excluded from the calculations. This is the number used by DJJ to identify the compliance percentage for a given site.

CUMULATIVE RESULTS

The pie chart below identifies the cumulative averages for all of the compliance data received during the SBTP Expert's most recent round of audits. The bar graph on the right provides a side-by-side comparison of the cumulative data from the previous round of audits. Below these diagrams are the statistical data from these audits.

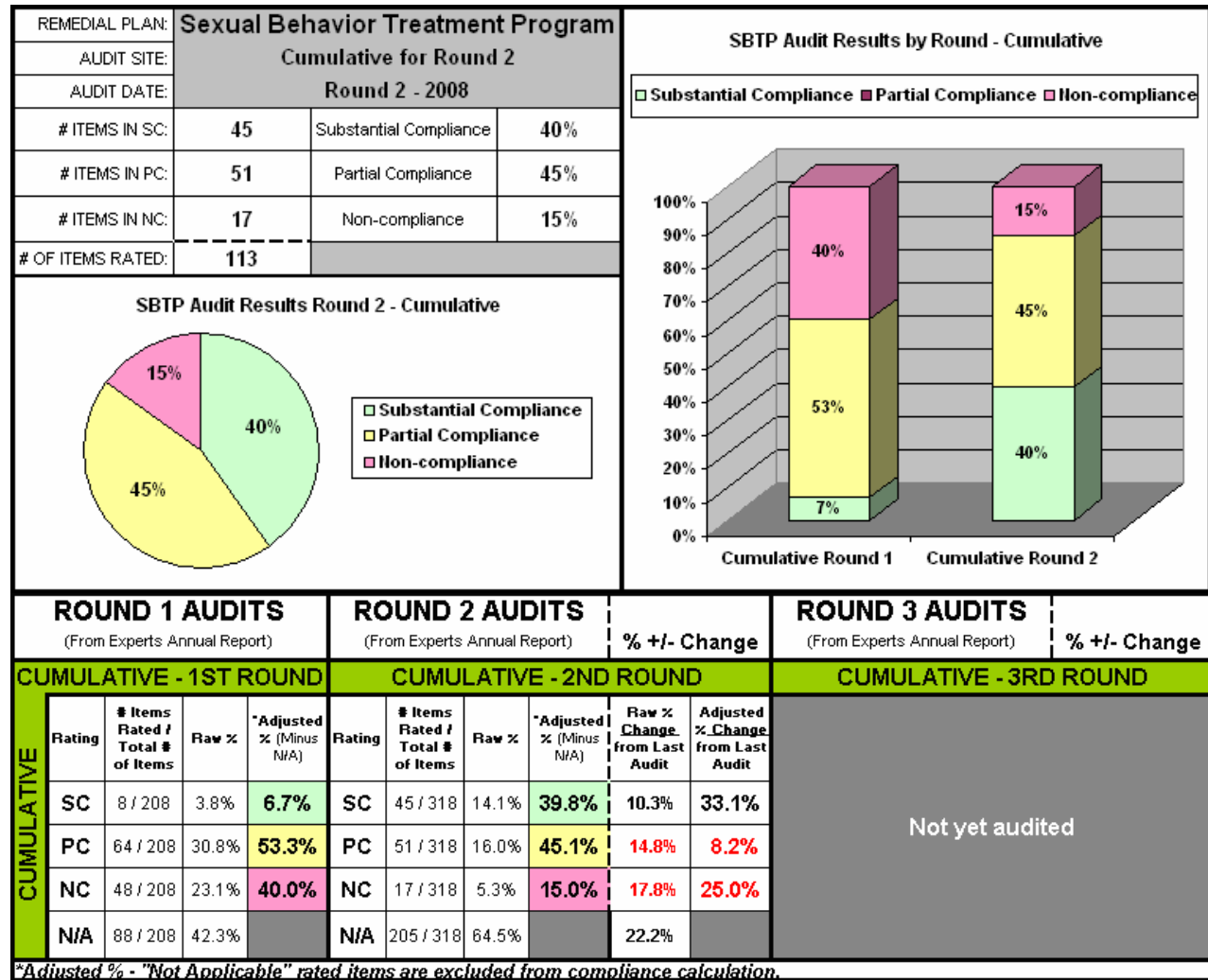


Figure 14: SBTP Audit Results – Cumulative

- DJJ increased its cumulative Substantial Compliance percentage from Round One to Round Two as well as decreasing its Non-compliance percentage.
- DJJ's cumulative Substantial Compliance percentage increased by 33% from Round One to Round Two and is now at 40%.
- DJJ's cumulative Non-compliance percentage decreased by 25% from Round One to Round Two and is now at 15%.
- DJJ's cumulative combined Substantial Compliance and Partial Compliance percentages total 85%.

N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY

The SBTP Expert last audited the N.A. Chaderjian Youth Correctional Facility on April 29, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audit. Below these diagrams are the statistical data from those audits.

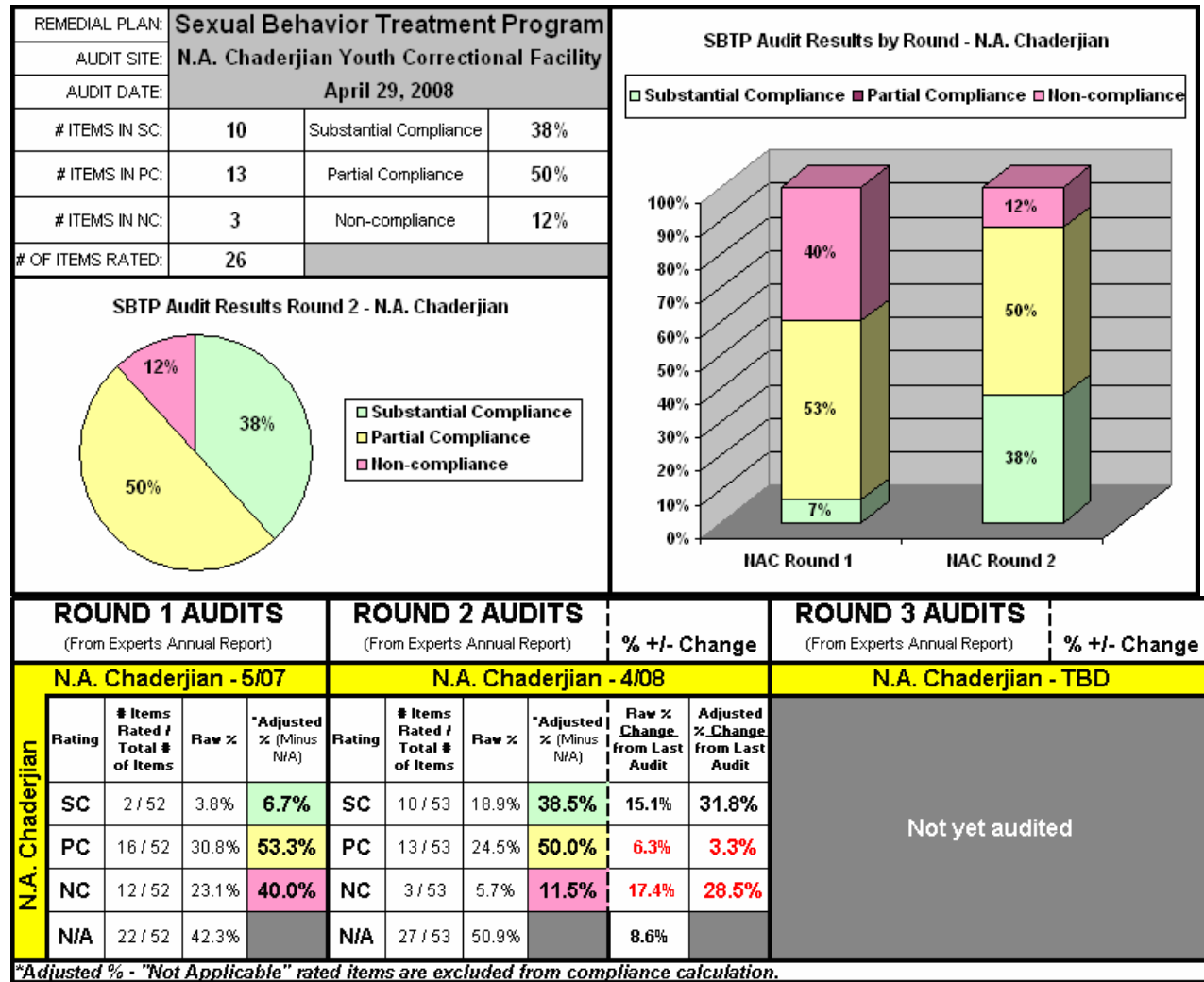


Figure 15: SBTP Audit Results – N.A. Chaderjian Youth Correctional Facility

- The facility increased its Substantial Compliance from Round One to Round Two as well as decreasing its Non-compliance percentage.
- The facility's Substantial Compliance percentage increased by 31% from Round One to Round Two and is now at 38%
- The facility's Non-compliance percentage decreased by 28% from Round One to Round Two and is now at 12%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 88%.

O.H. CLOSE YOUTH CORRECTIONAL FACILITY

The SBTP Expert last audited the O.H. Close Youth Correctional Facility on April 21, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audit. Below these diagrams are the statistical data from each of those audits.

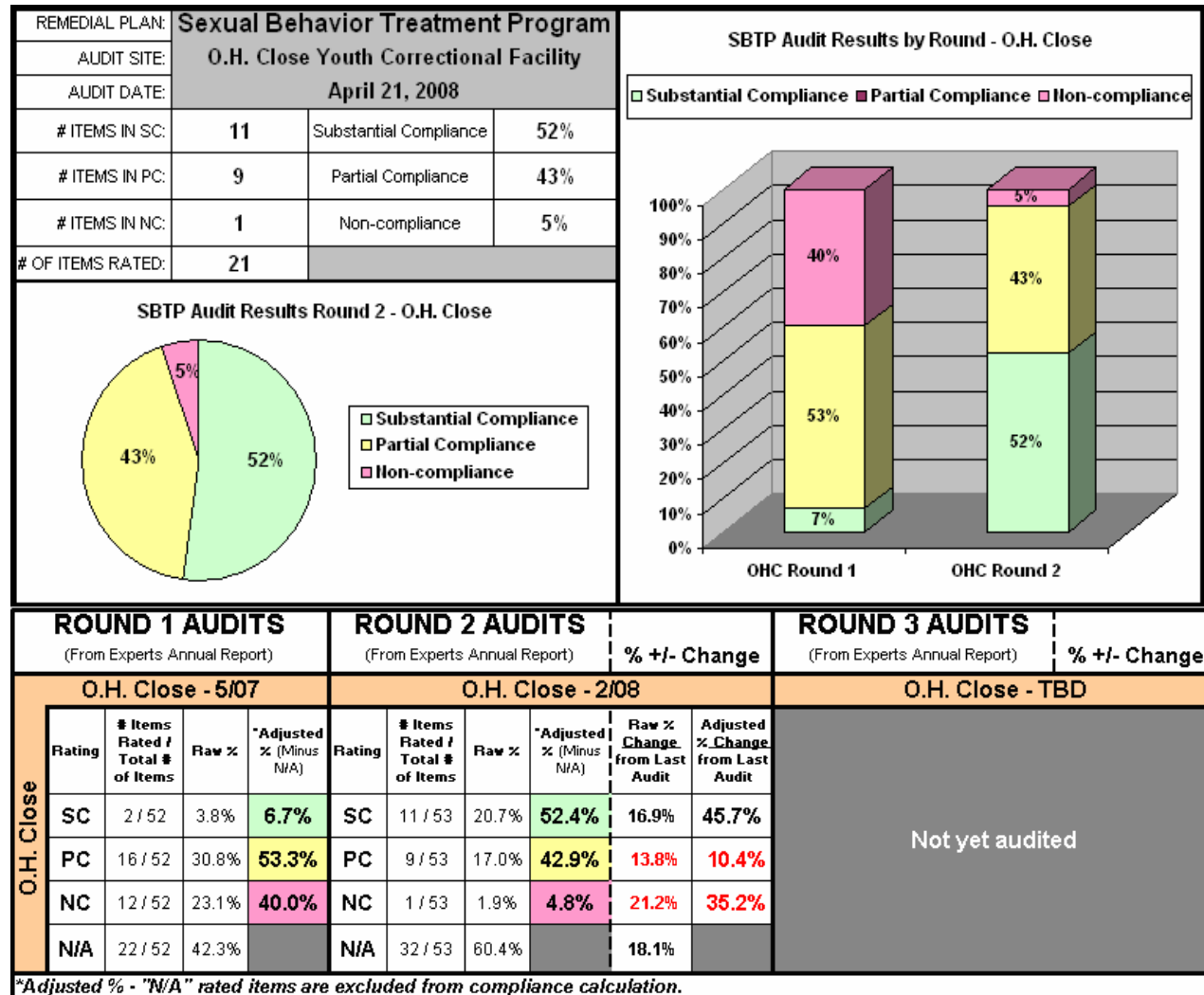


Figure 16: SBTP Audit Results - O.H. Close Youth Correctional Facility

- The facility increased its Substantial Compliance from Round One to Round Two as well as decreasing its Non-compliance percentage.
- The facility's Substantial Compliance percentage increased by 45% from Round One to Round Two and is now at 52%.
- The facility's Non-compliance percentage decreased by 35% from Round One to Round Two and is now at 5%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 95%.

HEMAN G. STARK YOUTH CORRECTIONAL FACILITY

The SBTP Expert last audited the Heman G. Stark Youth Correctional Facility on May 22, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audit. Below these diagrams are the statistical data from each of those audits.

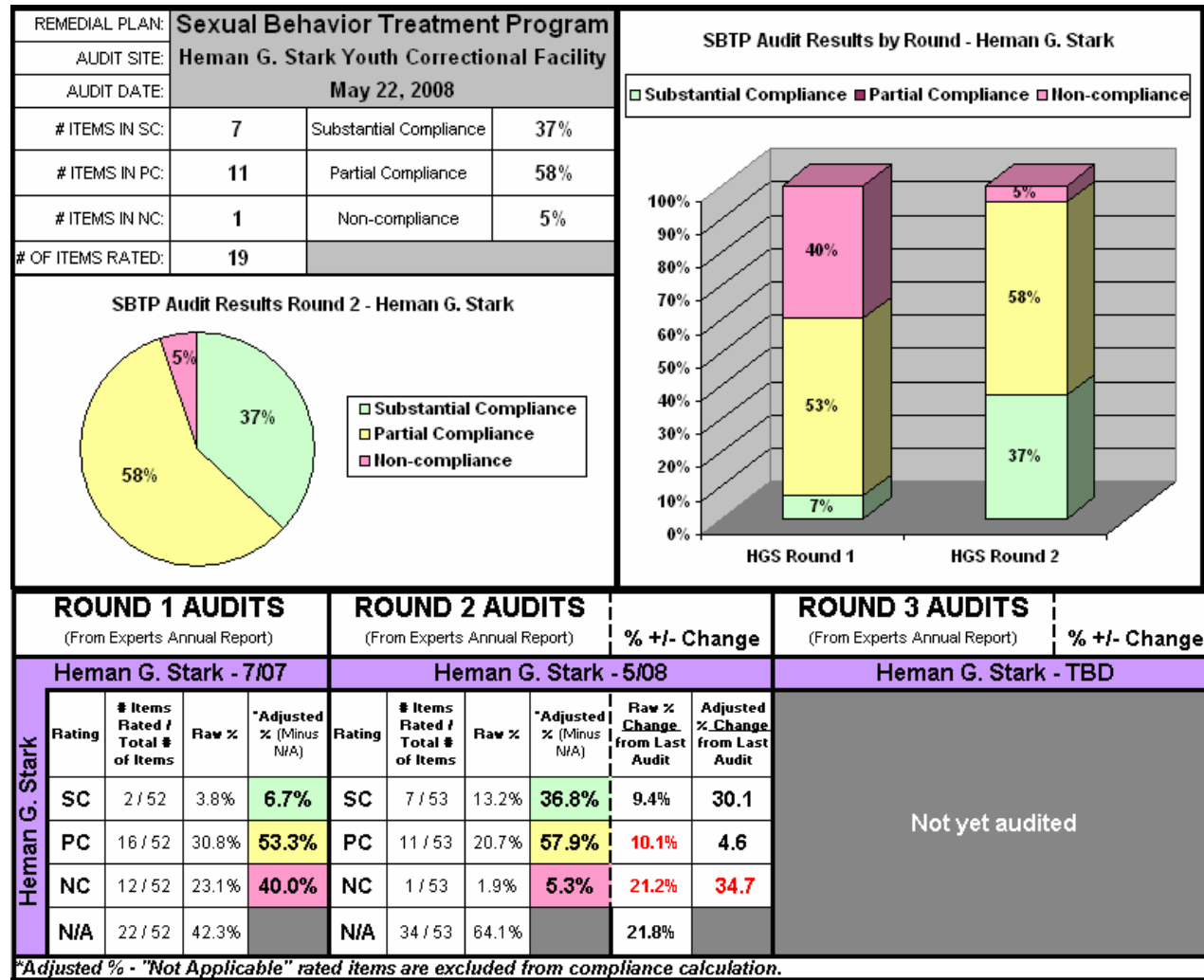


Figure 17: SBTP Audit Results – Heman G. Stark Youth Correctional Facility

- The facility increased its Substantial Compliance from Round One to Round Two as well as decreasing its Non-compliance percentage.
- The facility's Substantial Compliance percentage increased by 30% from Round One to Round Two and is now at 37%.
- The facility's Non-compliance percentage decreased by 35% from Round One to Round Two and is now at 5%
- The facility's combined Substantial Compliance and Partial Compliance percentages total 95%.

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER-CLINIC

The SBTP Expert last audited the Southern Youth Correctional Reception Center-Clinic on May 21, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audit. Below these diagrams are the statistical data from each of those audits.

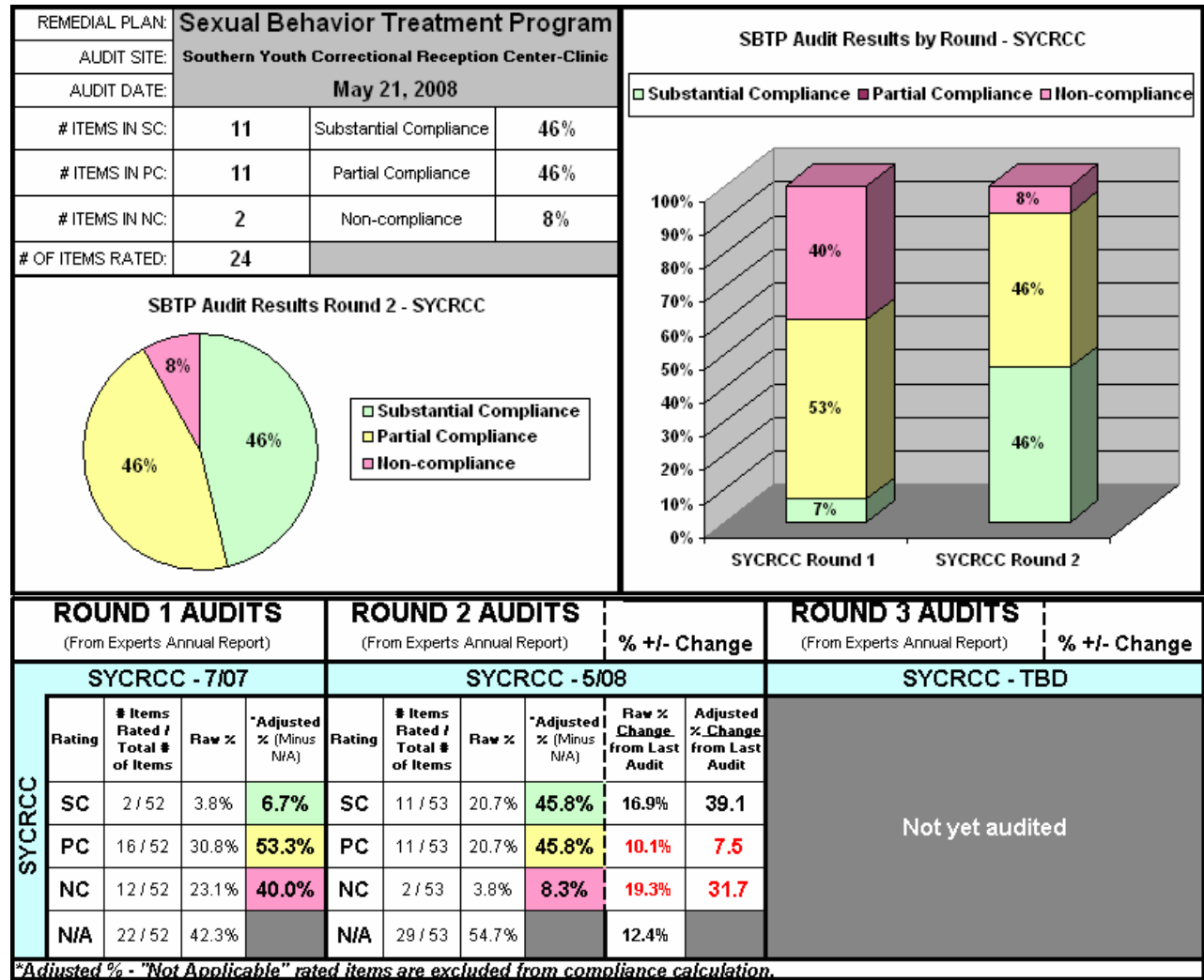


Figure 18: SBTP Audit Results – Southern Youth Correctional Reception Center-Clinic

- The facility increased its Substantial Compliance from Round One to Round Two as well as decreasing its Non-compliance percentage.
- The facility's Substantial Compliance percentage increased by 39% from Round One to Round Two and is now at 46%.
- The facility's Non-compliance percentage decreased by 32% from Round One to Round Two and is now at 8%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 92%.

PRESTON YOUTH CORRECTIONAL FACILITY

The SBTP Expert last audited the Preston Youth Correctional Facility on April 28, 2008. The pie chart below identifies the results from this audit and the bar graph on the right would have provided a side-by-side comparison from the facility's previous audit if it would have applied. Below these diagrams are the statistical data from this initial audit.

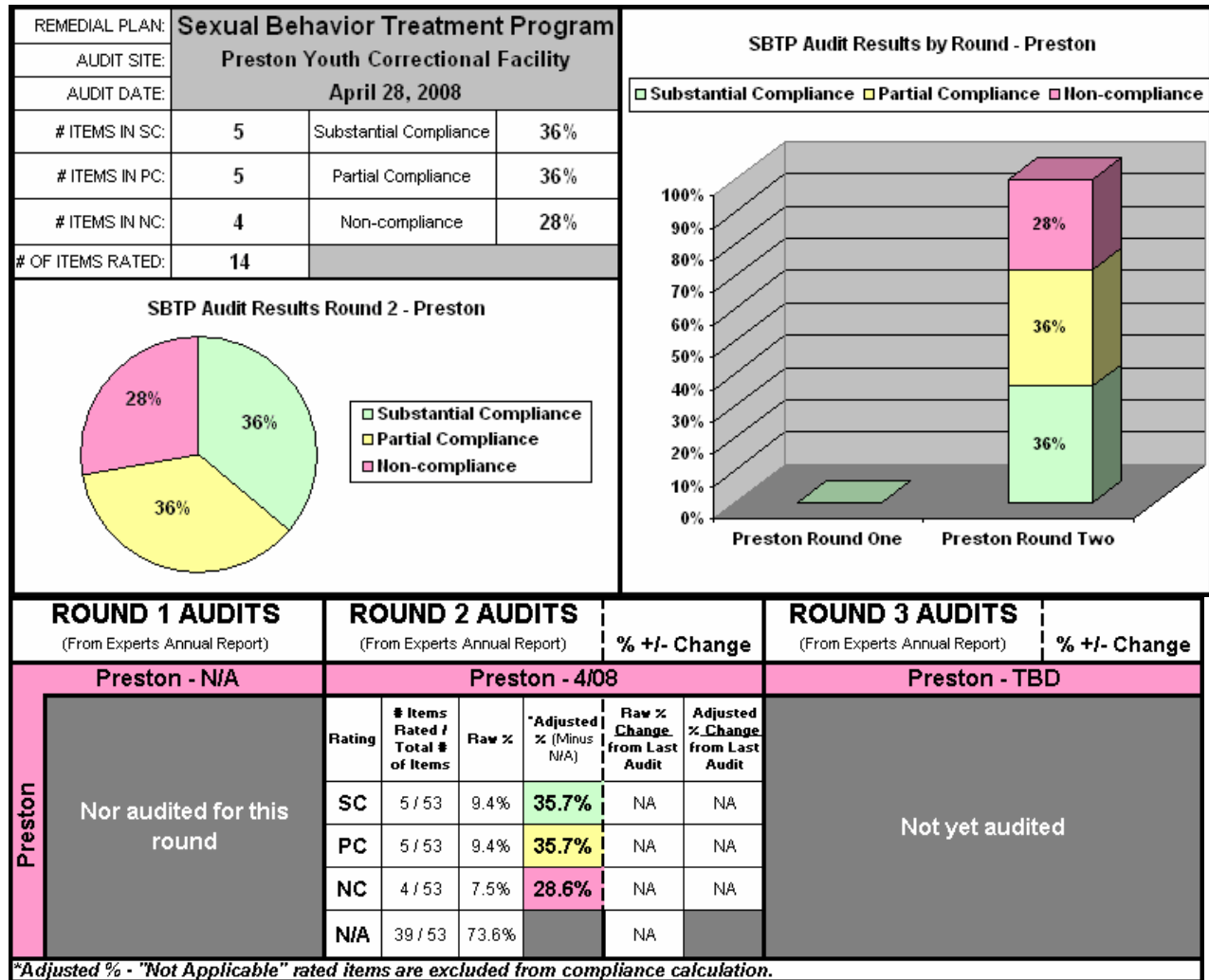


Figure 19: SBTP Audit Results - Preston Youth Correctional Facility

- This was the facility's first SBTP audit. Even though the Preston Youth Correctional Facility does not have a formal SBTP Program, it does have an informal program that the SBTP Expert assessed during her site visit. Not all of the action items in the SBTP audit tool apply to the informal program and so the Expert assessed only those audit items that she deemed appropriate.
- The facility's Substantial Compliance percentage is 36%.
- The facility's Non-compliance percentage is 29%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 71%.

DJJ "ADMINISTRATION"

Through several visits to DJJ Headquarters during the last round of audits, the SBTP Expert was able to assess audit items that she has now identified as "Administration"-specific. This was the first time that the SBTP Expert provided DJJ with "Administration"-specific compliance ratings.

The pie chart below identifies the results from this audit and the bar graph would have provided a side-by-side comparison from the facility's previous audit if it would have applied. Below these diagrams are the statistical data from this initial audit.

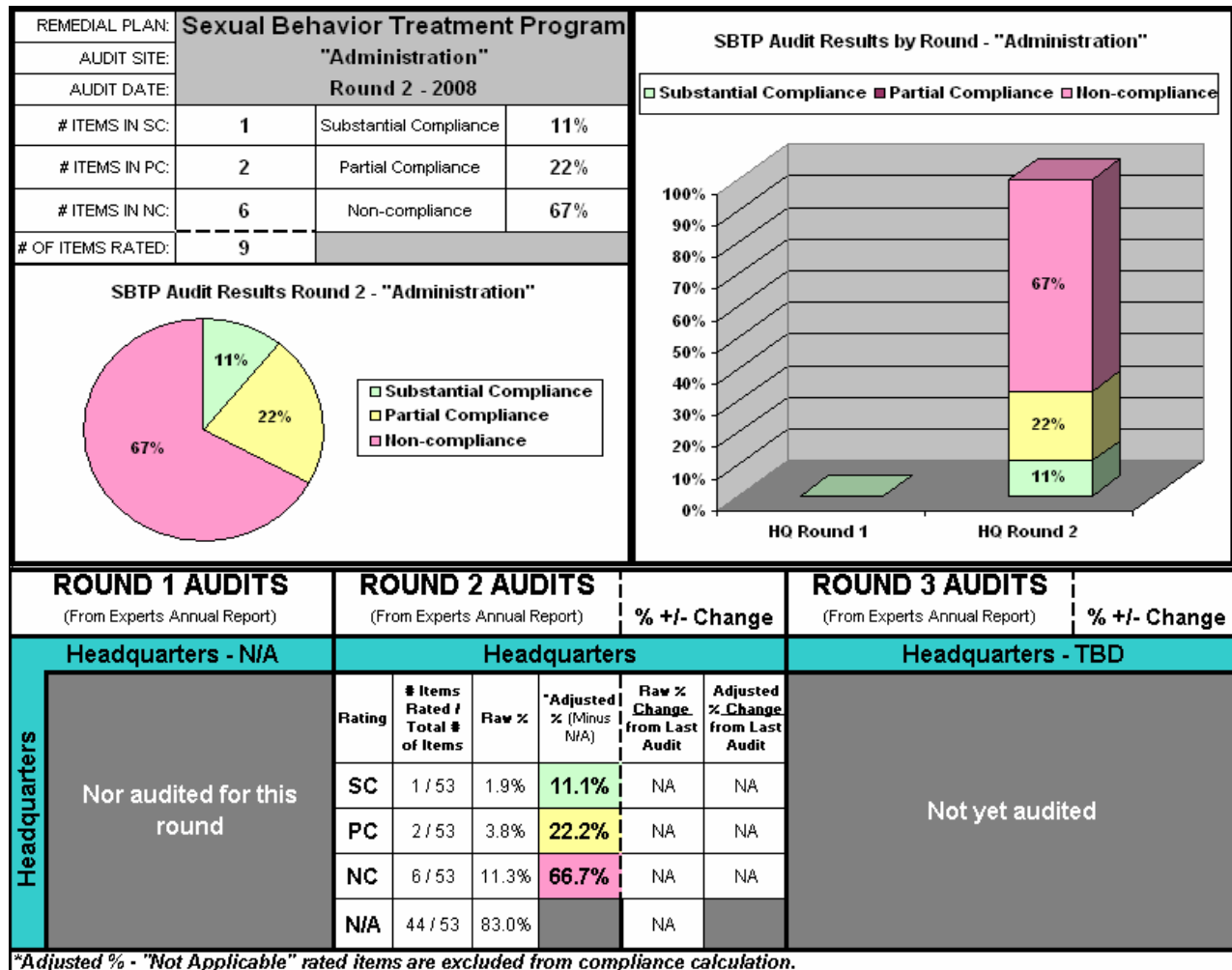


Figure 20: SBTP Audit Results – DJJ Administration

- This was the first SBTP audit of DJJ Headquarters-specific audit items and there were a total of nine "Administration"-specific audit items that received a compliance rating.
- DJJ Headquarters' Substantial Compliance percentage was 11%.
- DJJ Headquarters' Non-compliance percentage was 67%.
- DJJ Headquarters' combined Substantial Compliance and Partial Compliance percentages total 33%.

SITE COMPARISON FOR ROUND TWO

The graph below illustrates the compliance percentages for the six sites audited by the SBTP Expert during the last round of audits as well as the cumulative average of those audits.

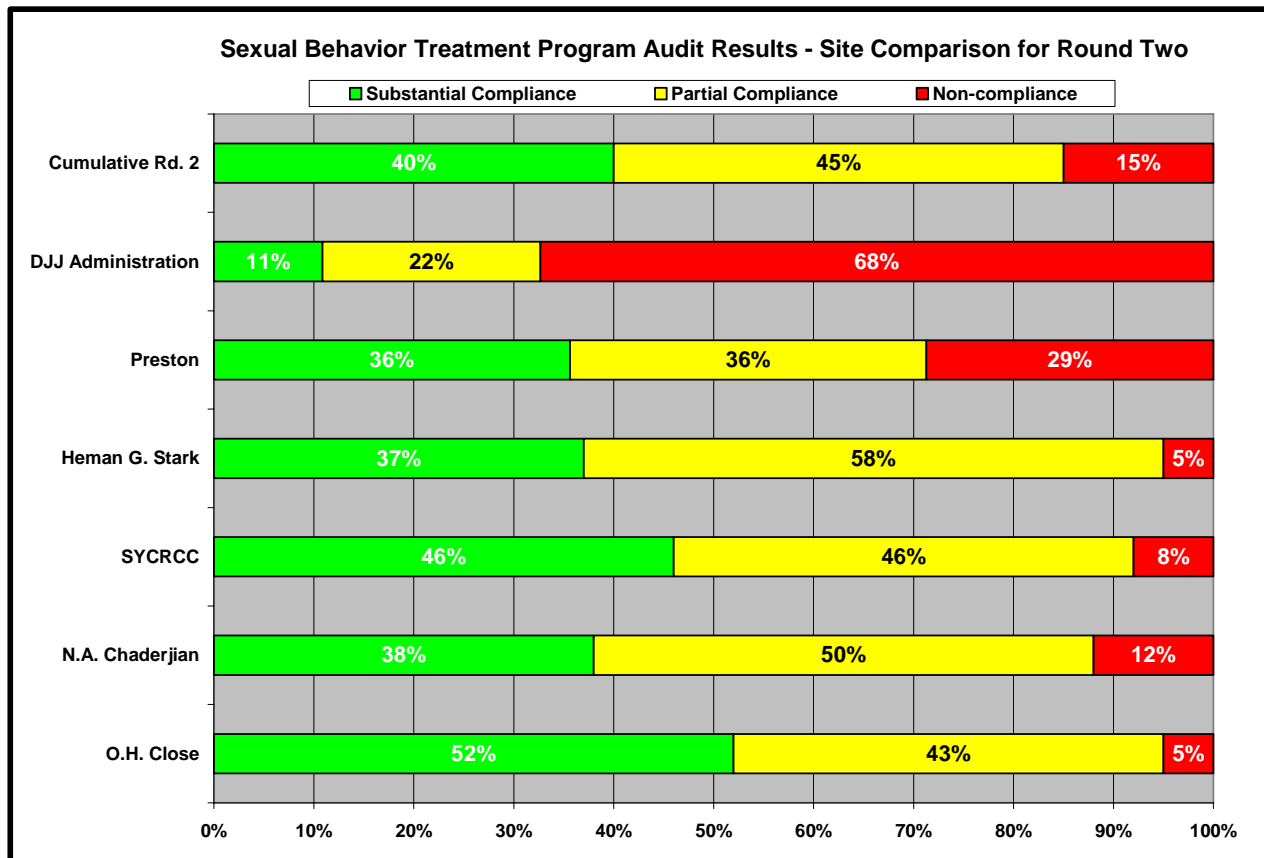


Figure 21: SBTP Audit Results – Site Comparison for Round Two

- Substantial Compliance for Round Two ranged from a high of 52% to a low of 11%.
- The two sites with the lowest Substantial Compliance percentages, DJJ Administration (11%) and the Preston Youth Correctional Facility (36%) was also the first time these two sites had been specifically audited.
- Partial Compliance for Round Two ranged from a high of 58% to a low of 22%.
- Non-compliance for Round Two ranged from a high of 68% to a low of 5%.
- The cumulative compliance averages for Round Two were:
 - Substantial Compliance at 40%
 - Partial Compliance at 45%
 - Non-compliance at 15%

SUBSTANTIAL COMPLIANCE COMPARISON

The graph below compares the Substantial Compliance percentages of the sites audited from Round One to Round Two. Please note that the Preston Youth Correctional Facility and DJJ Administration were not previously audited in Round One.

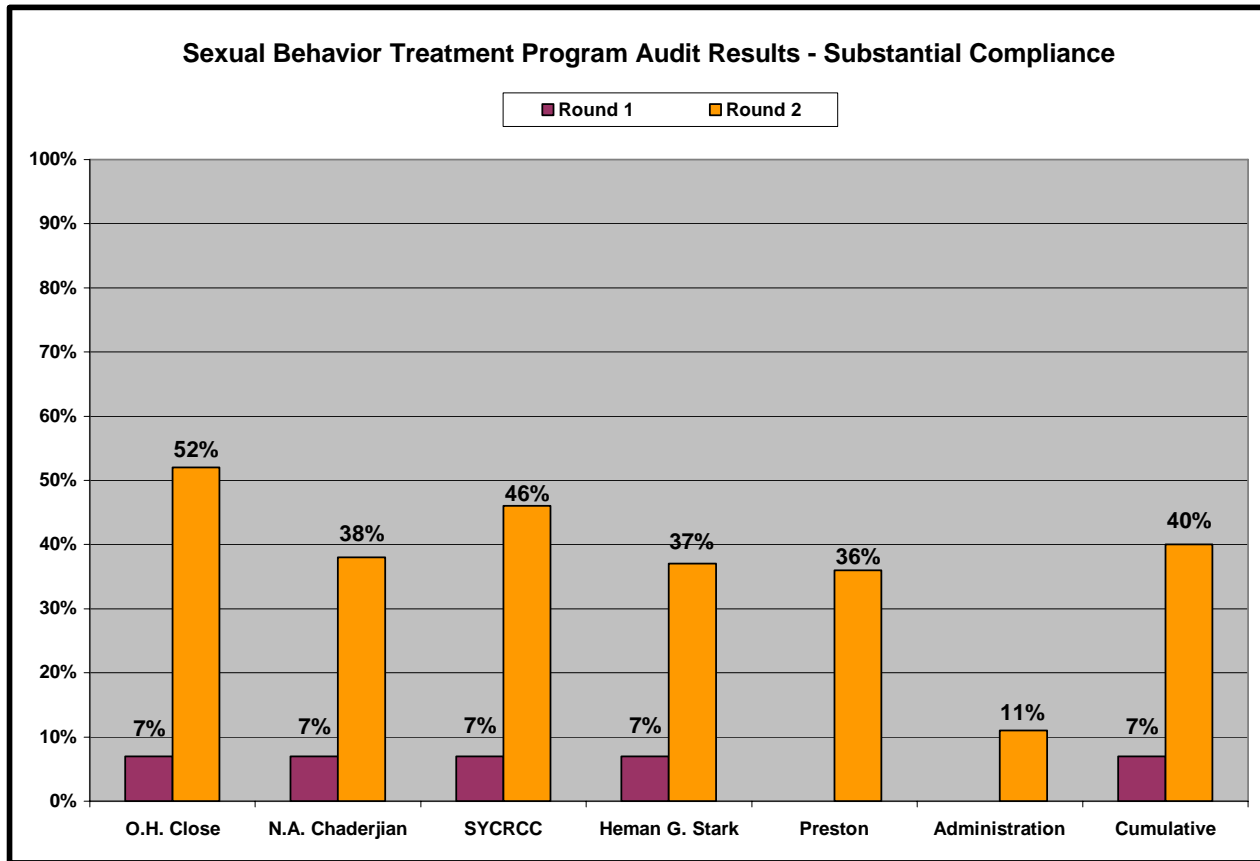


Figure 22: SBTP Audit Results – Substantial Compliance Comparison

- All sites that were audited in Round One increased their Substantial Compliance percentage in Round Two.
- The O.H. Close Youth Correctional Facility had the largest gain in Substantial Compliance with an increase of 45% from Round One to Round Two.
- The Heman G. Stark Youth Correctional Facility had the smallest increase in Substantial Compliance with an increase of 30% from Round One to Round Two.
- The cumulative average increase in Substantial Compliance from Round One to Round Two was 33%.

SUBSTANTIAL + PARTIAL COMPLIANCE COMPARISON

A Partial Compliance rating, while not at the same high level as Substantial Compliance, does demonstrate that progress and work effort have been achieved to move a given audit item towards Substantial Compliance. The graph below combines the Substantial Compliance and Partial Compliance percentages for each site for each round of audits to demonstrate the amount of work that has been put forth in working toward Substantial Compliance. A percentage of 100% indicates that the facility does not have any audit items rated as being in Non-compliance.

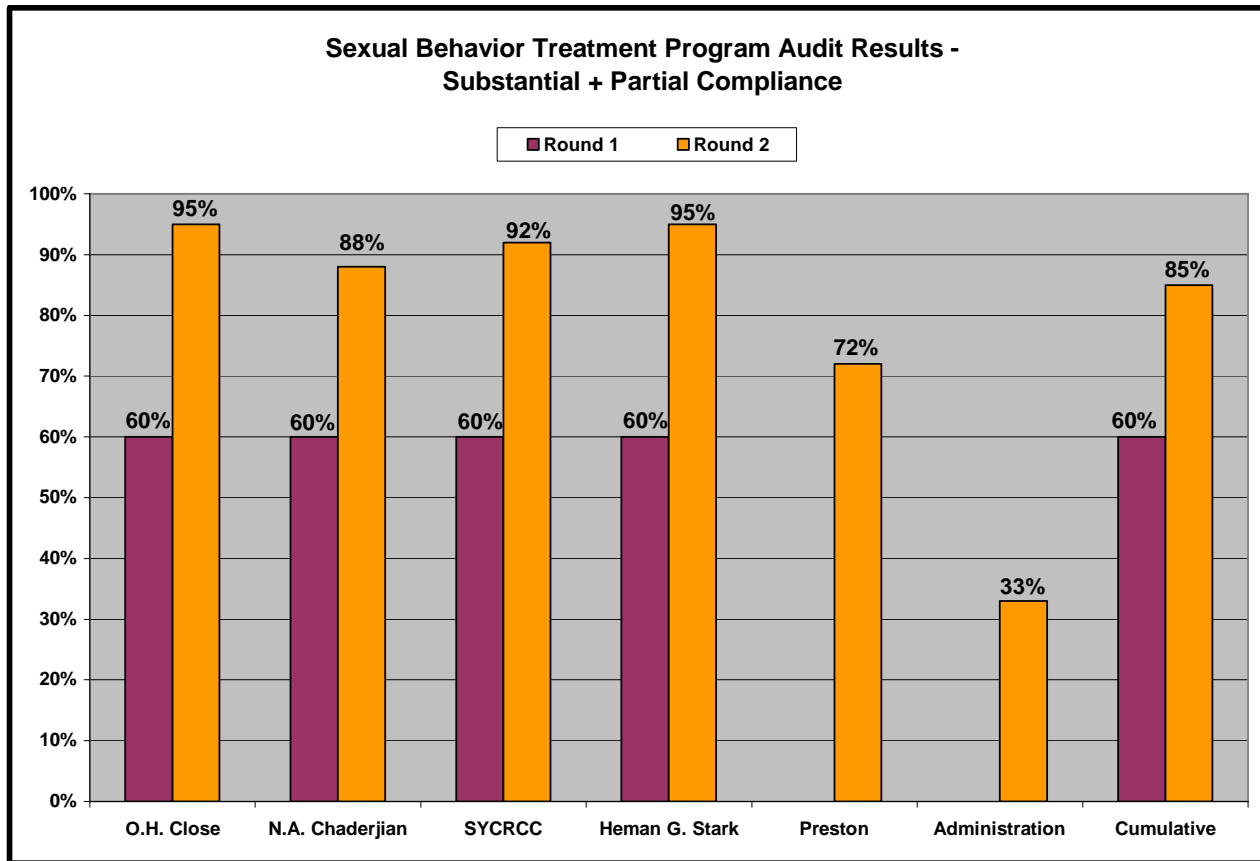


Figure 23: SBTP Audit Results – Substantial + Partial Compliance Comparison

- All sites audited in Round One increased their combined Substantial and Partial Compliance percentages in Round Two.
- The cumulative average in Round Two was 85%, representing an increase of 25% from Round One.

Even though progress has been made, it is important to note that DJJ still has work left to do to fully implement the SBTP Remedial Plan. The development and implementation of key policies, curriculum and training are still major benchmarks that must be achieved to make meaningful progress. DJJ is working closely with the SBTP Expert in these areas and through a collaborative approach DJJ will continue to improve the services provided to the youth in these programs.

2.2.4 Expert Feedback

During the last quarter, DJJ received the SBTP Expert's Annual Report which provided site-specific comments. These site-specific comments are useful to DJJ as it helps to identify progress and/or issues that may be impacting the successful implementation of the various components of the SBTP Remedial Plan. The comments below are a sampling of the comments found in the SBTP Expert's Annual Report.

SBTP Expert Comments - O.H. Close Youth Correctional Facility

- "The other facilities should learn from Close as to how to organize their files and present evidence of compliance with the plan."
- "In order to effectively pilot the Healthy Living curriculum, it must be implemented exactly as directed by Dr. Cellini, and this includes the use of overheard projectors."
- "It would be helpful in evaluating the program staff to view their resumes in order to give DJJ recognition for the quality of staff that are being recruited."

SBTP Expert Comments – Preston Youth Correctional Facility

- "At Preston as at the other facilities, groups do not meet on a set day for a set period of time. They might run 60 minutes one day and two and a half hours the next day. This teaches youth that in the community they need not be bound by a set time or bring up their issues in a timely manner because the group will just run on and on. This will not be the case in the community."
- "There was a problem with space. While participants in this program need to avoid identification, the current arrangement in the Visiting Room is hampered by an extremely loud air conditioner and staff walking through the room to access the vending machines."
- "Youth were presented with a form that supposedly outlined issues regarding informed consent and confidentiality. However, this form and the accompanying group discussion did not address issues of major concern, such as how to disclose unreported crimes and the future use of disclosures during treatment. DJJ has no adequate mechanism in place for youth to provide informed consent to treatment."

SBTP Expert Comments - N.A. Chaderjian Youth Correctional Facility

- "The psychological staff are confused about organizational issues, including who is in charge of the SBTP at Chad."
- "The staff needs to be clear on what parts of the SBTP can be changed without approval of Dr. Martin or the SBTP Task Force."
- "The staff was more proactive on providing documentation than they had been in the past."
- "Staff is still not providing the required number of treatment hours."

SBTP Expert Comments – Southern Youth Correctional Reception Center-Clinic

- “The staff have been involved in a number of interesting activities based upon the Good Lives model and Restorative Justice. This should be incorporated into the overall model.”
- “The staff have been able to develop expertise which they are now presenting on a national level.”
- “The lack of a uniform curriculum is continuing to prevent overall consistency. Without new outpatient and residential curriculum, staff rely on outdated and incomplete curriculum, which is implemented inconsistently within and among facilities.”
- “The required number of treatment hours is not being provided. Although there is an improvement in the number of core treatment hours, resource group hours were either not being provided or not being documented.”

SBTP Expert Comments - Heman G. Stark Youth Correctional Facility

- “The groups are not being held on a basis regular enough to meet the requirements of the plan. Staff frequently cancel groups, and there do not appear to be co-leaders who could staff these groups in their absence. In its October 2008 comments to a draft version of this report, DJJ identifies additional reasons for group cancellations: codes, lack of security staff, and miscellaneous events such as victims awareness weeks, TB testing, flu vaccinations, graduations, and exams. Many of these reasons are unacceptable causes for cancellation, and staffing and programming schedules must not conflict with youth’s treatment hours.”
- “Stark staff have developed an impressive collection of experiential exercises. However, it is important that copyright issues be resolved around the use of these materials.”
- “The staff is considering separating the “predators” from the “nonpredators.” This can be valuable but can also involve numerous logistical problems. It implies that there are equal numbers in each group. It also discounts the benefits that can come from heterogeneous placements. Isolating the “predators” may exaggerate these tendencies. It is also not clear what the definition of “predator” is.”

SBTP Expert Comments - DJJ Administration

- “The finalizing of policies and procedures will contribute to unifying the various programs.”
- “Twice in the past DJJ (or CYA depending upon the timing) has retained an expert to help develop a state-of-the-art curriculum. Twice a variety of issues have interfered with this project. The current incomplete residential and outpatient curricula lack necessary homework paperwork, experiential exercises and have a variety of problems with the copyright laws. New curricula based on the latest approaches is absolutely essential.”
- “A risk evaluation procedure which is not dependent upon instruments with questionable validity for this population needs to be developed in conjunction with the mental health assessment batteries. Mandated tools can be incorporated into this protocol but their limitations should be fully recognized.”

- “Staff should understand that significant issues such as whether individual treatment is substituted for group therapy or whether major components of a cognitive behavioral program are to be abandoned must be reviewed by the Program Administrator and hopefully the Sex Offender Task Force.”

SBTP Expert Comments - Conclusion

- “There has been significant improvement in the amount of treatment that is being acknowledged as needed to conform to the Remedial Plan’s requirements. However, there are still problems in actually providing these hours, such as the assignment of psychologists to other tasks during group hours, difficulty releasing youth to attend treatment, vacations, and sick leave. This could be addressed by assigning and training co-therapists, including caseworkers and YCCs, who could ensure that the groups meet.”
- “A problem that I have addressed repeatedly and which continues to be an issue is the timing of group therapies. Group therapy should be offered at the same time every week and run for exactly the same amount of time each session.”

2.2.5 Status of Specific Action Items

Relieved Items

In the Consent Decree, on page 11, paragraph 23, it states:

“When a facility is found to be in substantial compliance on an issue for one full year, and is found to remain in substantial compliance after review by the relevant expert(s) one year later, expert tours regarding that issue at that facility shall end.”

A “relieved” audit item is the term used when an audit item has met or exceeded the two-year Substantial Compliance threshold, and the appropriate expert has formally noted that the audit item is removed from that expert’s future monitoring.

Currently, none of the SBTP audit items meet the time criteria identified in the Consent Decree to be deemed relieved.

Audit Items in Substantial Compliance Two Years or Longer

This is the SBTP Expert’s second round of audits, and there are no audit items that have met this time threshold.

Items Removed from Relieved Status

Since this is only the SBTP Expert’s second round of audits, there are no audit items that have met the time threshold, as identified in the Consent Decree, to be eligible to be relieved from future monitoring at this time.

Statewide Compliance Items

For Round Two, the SBTP Expert identified two action items being in Substantial Compliance at all applicable sites. When an action item receives a Substantial Compliance rating for every applicable site during a round of audits, this is referred to as being in “Statewide Compliance.” Items that are found to be in “Statewide Compliance” should not be confused with audit items that have been formally relieved from future Expert monitoring.

The chart below lists the two action items in which every site received a Substantial Compliance rating during the last round of audits.

SBTP Action Items in Statewide Compliance – Round Two			
DJJ #	Standard #	Action Item	Deadline
TBD	13a	The program uses multidisciplinary teams which conduct quarterly treatment reviews regarding client information.	N/A
TBD	21	CYA will retain a full time program coordinator of the SBTP who will orchestrate the establishment and ongoing operation of all facets of the SBTP.	N/A

Action Items with Majority Ratings of Non-compliance

In addition to identifying areas of progress, the SBTP Expert's Annual Report also provides valuable information on the action items that require more attention and work before they will be deemed to satisfy the mandates of the SBTP Remedial Plan. Generally, these types of items require a higher level of inter-departmental coordination and are sometimes dependent on action items from other remedial plans being implemented, thus making them more challenging to implement in a timely manner.

The chart below identifies 12 SBTP action items which received a majority of Non-compliance ratings at the different facilities.

SBTP Action Items with Majority Ratings of Non-compliance – Round Two			
DJJ #	Standard #	Action Item	Deadline
TBD	1a	The expert will review the Program Manual and all policies and procedures to insure adequacy.	N/A
TBD	3a	Expert will review the instruments and protocol for the development and/or selection and administration of appropriate screening and assessment tools.	N/A
TBD	4g	The expert will review 10% of records for presence and appropriateness of group notes on maintenance groups for all program participants having completed Stage 10 documenting at least one hour of treatment a week following completion of residential treatment.	N/A
TBD	5a	The expert will review 10% of records for presence and adequacy of group notes documenting individual progress in at least two hours of group therapy per week.	N/A
TBD	6a	The expert will review for presence and adequacy the notes of residential large group minutes documenting that such two groups are held per week for a total of four hours per week.	N/A
TBD	6b	The expert will review committee and large group notes to ascertain whether program participants are participating in a variety of committees related to the operation of the residential treatment program.	N/A
TBD	9b	The expert will review documentation of outreach to victims' agencies.	N/A
TBD	14a	The expert will review written procedures regarding confidentiality and informed consent.	N/A
TBD	14b	Audit will review 10% of randomly selected files for documents signed by program participants informing them of these policies.	N/A
TBD	15a	The expert will review 10% of clinical files of program completers for evidence that program completion was based on the completion of competency-based goals.	N/A
TBD	16a	The expert will review 10% of clinical records for documents reflecting program participants' understanding of program rules related to suspension and termination.	N/A
TBD	26b	The expert will review the content of training materials to insure that quality training is being provided is suitable.	N/A

2.2.6 Proof of Practice

The following chart identifies the Proof of Practice documents relating to the SBTP Remedial Plan that have been sent to both the SBTP Expert and the Special Master during the last quarter. The Proof of Practice documents provide evidence of DJJ's efforts to come into Substantial Compliance with the specific audit items.

SBTP Proof of Practice Documents Submitted During the Last Quarter				
POP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
195	2	<i>"Appropriate screening and assessment tools are used to evaluate risk and treatment needs initially and on an ongoing basis. Included in the assessment protocol will be a evaluation of a participant's substance abuse history. These screening and assessment tools have demonstrated reliability and validity."</i>	1 – State of Illinois' "Standards for Intervention, Practice and Treatment for Children and Youth with Sexual Behavior Problems" (76 pages); 2 – Power point presentation entitled "JRA's Integrated Treatment Model: Applications to Sex Offense Behavior of Youth" (presented in Blaine, WA) (55 pages); 3 – Power point presentation entitled, "Treating Youth with Sexually Aggressive Behavior: A Paradigm Shift" (presented at SAY Conference, June 2008) (59 pages); 4 – Draft of Washington State's "Integrated Treatment for Youth who have Sexually Offended" (19 pages); 5 – Draft of Healthy Living Plan (HeLP) from Washington State, including Sections 1 thru 3 (26 pages); 6 – E-mail from Shirley Lerner, from Delaware's Division of Youth Rehabilitative Services providing information, goal information, objectives, etc., related to Delaware's goal of updating its juvenile justice and mental health systems (6 pages).	8/7/08

SBTP Proof of Practice Documents Submitted During the Last Quarter				
POP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
213	2	"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior"	Patient handbook from Old Vineyard Behavioral Health Services, North Carolina, entitled, "Residential Treatment Programs" (132 pages), provided to DJJ from Robert Longo. PLEASE NOTE: A hard copy of this document will also sent to the SBTP Expert and the Special Master.	8/14/08
	4	"The treatment program provides a multi-modal, multi-disciplinary, and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. The residential program will be presented at OH Close YCF, NA Chaderjian YCF, Southern Youth Correctional Center Clinic, Heman G. Stark YCF."		
	5	"The treatment program provides a multi-modal, multi-disciplinary, and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. This program will be provided at all facilities to medium risk youth with sexual behavior."		
	6	"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."		
	7	"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."		
	8	"All program participants will have written treatment plans that are revised quarterly with clearly stated objective goals."		
	14	"The program insures that treatment is offered in a way that respects the ethical principles of the involved professions as well as insuring that confidentiality, informed consent, and due process are insured. All participants are informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment, and their due process rights."		

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
217	2	"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."	<p>1 – A report entitled "Juvenile Sexual Offenders and Their Victims: Final Report," which was submitted to the Florida Governor and Legislature by the Task Force on Juvenile Sexual Offenders and Their Victims; the document is dated January 18, 2006 (54 pages); 2 – A report issued by the Florida Department of Juvenile Justice entitled, "Juvenile Sex Offender Work Group Report," dated November 2007 (33 pages).</p>	8/14/08
	3	"Appropriate screening and assessment tools are used to evaluate risk and treatment needs initially and on an ongoing basis."		
	4	"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. The residential program will be presented at OH Close YCF, NA Chaderjian YCF, Southern Youth Correctional Center Clinic, Heman G. Stark YCF."		
	5	"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. This program will be provided at all facilities to medium risk youth with sexual behavior."		
	6	"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."		
	7	"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."		
	8	"All program participants will have written treatment plans that are revised quarterly with clearly stated objective goals."		
	9	"The treatment program coordinates with treatment programs and therapists of individual victims as well as agencies that address sexual abuse in the community to combat the problem of sexual assault."		
	13	"The program uses multidisciplinary teams which conduct quarterly treatment reviews regarding client information."		

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
234	2	<i>"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."</i>	<p>1 – Fact sheet by the National Center on Sexual Behavior of Youth entitled, "What Research Shows about Female Adolescent Sex Offenders," dated January 2004 (3 pages); 2 – Treatment manual issued by the U.S. Department of Health and Human Services entitled, "Treatment Manual for Cognitive-Behavioral Group Therapy for Children with Sexual Behavior Problems" (53 pages).</p> <p>These materials were gathered by DJJ to accumulate relevant information regarding sexual behavior and treatment programs that are or have been implemented throughout the nation as potential resources for DJJ's development of the SBTP.</p>	9/5/08
	6	<i>"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."</i>		
	7	<i>"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."</i>		
236	2	<i>"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."</i>	<p>1 – Program overview entitled, "Integrated Treatment for Youth who have Sexually Offended" from Washington state (17 pages); 2 – Healthy Living Plan Dictionary (2 pages); 3 – Healthy Living Plan, Sections 1 thru 3 (22 pages).</p> <p>These materials were gathered by DJJ to accumulate relevant information regarding sexual behavior and treatment programs that are or have been implemented throughout the nation as potential resources for DJJ's development of the SBTP.</p>	9/8/08
	5	<i>"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. This program will be provided at all facilities to medium risk youth with sexual behavior."</i>		
	6	<i>"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."</i>		
	7	<i>"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."</i>		

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
240	1	<i>"Written and officially approved policies and procedures will be included in a Program Manual that describes in detail the implementation of the Sexual Behavior Treatment Program"</i>	<p>1 – CSH Model Sex Offender Treatment information sheet from the California Department of Mental Health (6 pages); 2 – "Informed Consent for Sex Offender Commitment Program, Phases II-IV Treatment" form from Coalinga State Hospital for "Overview of SOCP Phase Program" (4 pages); 3 – "Informed Consent for Sex Offender Commitment Program, Phases II-IV Treatment" (4 pages); 4 – "California Department of Mental Health Sex Offender Commitment Program Description" (22 pages); 5 – "Overview of the Phases of the California Department of Mental Health Sexual Offender Commitment Program (SOCP)," dated March 2008 (21 pages); 6 – SOCP Policy # 100, entitled, "Advancing Individuals through the Phases of the Sex Offender Commitment Program (SOCP)," (11 pages).</p> <p>These materials were gathered by DJJ to accumulate relevant information regarding sexual behavior and treatment programs that are or have been implemented throughout the nation as potential resources for DJJ's development of the SBTP.</p>	9/15/08
	2	<i>"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior"</i>		
	6	<i>"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others"</i>		
	7	<i>"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences"</i>		
	15	<i>"Completion of the program reflects the completion of competency-based goals"</i>		
	24	<i>"SBTP will develop a behavioral management system based upon the latest research on effective approaches which will reward pro-social behavior and provide reasonable consequences for anti-social behavior"</i>		
241	2	<i>"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."</i>	<p>1 – "Overview for Outreach Services for Sex Offenders" (1 page); 2 – "Step Outreach Program: Pendleton Juvenile Correctional Facility" Table of Contents (1 page); 3 – "Sex Offender Treatment and Education Program" coversheets (5 pages); 4 – "Sex Offender Treatment and Education Program: Pendleton Juvenile Correctional Facility" Table of Contents (1 page); 5 – Powerpoint presentation entitled "Understanding and Working with Adolescent Sexual Offenders: STEP (Sex Offender Treatment and Education Program)" (52 pages); 6 – Summary of the 12-step program for substance abuse (1 page); 7 – List of References (1 page); 8 – "Overview for S.T.E.P.: Sex Offender Treatment and Education Program" (1 page).</p> <p>These materials were gathered by DJJ to accumulate relevant information regarding sexual behavior and treatment programs that are or have been implemented throughout the nation as potential resources for DJJ's development of the SBTP.</p>	9/15/08
	3	<i>"Appropriate screening and assessment tools are used to evaluate risk and treatment needs initially and on an ongoing basis."</i>		
	4	<i>"The treatment program provides a multi-modal, multi-disciplinary, and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior."</i>		
	5	<i>"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. This program will be provided at all facilities to medium risk youth with sexual behavior."</i>		
	6	<i>"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."</i>		
	7	<i>"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."</i>		

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
244	3	"Appropriate screening and assessment tools are used to evaluate risk and treatment needs initially and on an ongoing basis. Included in the assessment protocol will be a evaluation of a participant's substance abuse history. These screening and assessment tools have demonstrated reliability and validity."	Information regarding the Sexual Behavior Treatment Program for the state of Kansas (11 pages). These materials were gathered by DJJ to accumulate relevant information regarding sexual behavior and treatment programs that are or have been implemented throughout the nation as potential resources for DJJ's development of the SBTP.	9/19/08
	5	"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. This program will be provided at all facilities to medium risk youth with sexual behavior."		
	6	"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."		
	7	"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."		
	15	"Completion of the program reflects the completion of competency-based goals."		
246	5	"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. This program will be provided at all facilities to medium risk youth with sexual behavior."	These materials constitute the <u>core curriculum</u> of the State of Wisconsin's Juvenile Sex Offender Treatment Program: 1 – "Core Program: A Treatment Program for Juveniles who have Sexually Offended" (58 pages); 2 – "Module 1: Group Contract" (1 page); 3 – "Module 2: Wisconsin Sexual Assault Laws Worksheet" (3 pages); 4 – "Module 2: Wisconsin Sexual Assault Laws" (4 pages); 5 – "Module 3: Healthy vs. Unhealthy Relationships" (1 page); 6 – "Module 3: Building Healthy Relationships" (1 page); 7 – "Module 3: Relationship Danger Signs!!!" (1 page); 8 – "Module 4: Risky Thinking Scenarios" (4 pages).	9/19/08
	6	"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate sexual behaviors and are encouraged to exercise responsibility for themselves and others."		
	7	"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary experiences."		

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
250	2	"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."	1 – "Sexual Offender Treatment Program Protocol, Mayfield Youth Development Center, 08/22/07" (6 pages).	9/29/08
	4	"The treatment program provides a multi-modal, multi-disciplinary, and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior."		
	6	"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."		
	7	"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."		
251	2	"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."	1 – Memorandum dated September 18, 2008, from Barbara Mendenhall to Dr. Fred Martin regarding Change Companies and its sex offender curricula (1 page); 2 – Memorandum dated September 23, 2008, from Mendenhall to Dr. Martin regarding a telephone conversation that Mendenhall had with Kevin Creeden of Whitney Academy, Massachusetts, who was referred by Dr. Barbara Schwartz (1 page); 3 – Memorandum dated September 23, 2008, from Mendenhall to Dr. Martin regarding possible program materials from SaferSociety Foundation, Inc. (1 page); 4 – A chapter entitled "Trauma and Neurobiology: Considerations for the Treatment of Sexual Behavior Problems in Children and Adolescents" by Kevin J. Creeden (32 pages); 5 – A list of references for the Creeden chapter (12 pages); 6 – A chart produced by Whitney Academy entitled, "Appendix 1: Developmental Treatment Model: Phase Oriented Program Goals" (2 pages).	9/29/08
	4	"The treatment program provides a multi-modal, multi-disciplinary, and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior."		

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date Submitted
257	N/A	N/A	<p>1 – Draft of newly revised document entitled, "Key Audit Items – Safety & Welfare: Reporting Tool Implied by Expert's Identification of Top Priority Items" (1 page).</p> <p>This document is being submitted to the Safety & Welfare Expert as well as the Special Master to allow both the opportunity to review and provide feedback to DJJ as to whether the document correctly identifies the items that DJJ should give top priority.</p> <p>These key audit items were updated as a result of an agreement between DJJ and the Special Master and Experts to capture critical audit items that should receive top priority. As part of the agreement, the Special Master and the Safety & Welfare Expert are to review this document and provide any feedback that they so desire.</p> <p>PLEASE NOTE: DJJ respectfully requests that the feedback be provided no later than the close of business of Tuesday, October 15, 2008.</p>	10/1/08
261	1	<i>"Written and officially approved policies and procedures will be included in a Program Manual that describes in detail the implementation of the Sexual Behavior Treatment Program."</i>	1 – Draft of the Sexual Behavior Treatment Program (SBTP) description, containing revisions made in Microsoft Word that were provided by Barbara Schwartz, SBTP Expert (22 pages).	10/3/08
263	N/A	N/A	<p>1 – Draft of Organizational Chart for DJJ's Mental Health Administrative and Clinical Supervision Chart (1 page); 2 – Draft of Organizational Chart for DJJ's Mental Health Facility Administrative and Clinical Supervision Chart (1 page).</p> <p>These Organizational Charts are being submitted to the Sexual Behavior and Treatment Program (SBTP) Expert for her review and to enable her to gain an understanding of the structure of DJJ's Health Care Services Office at the facility and non-facility level and how both interrelate with one another.</p> <p>The SBTP Expert had also expressed interest in viewing these Organizational Charts at a meeting previously held between DJJ, the Special Master, and the SBTP Expert.</p>	10/14/08

SBTP Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Sect. #	Audit Item Description	Documents Submitted	Date
267	2	<i>"Specific treatment programs are established to address a variety of special needs of youth with sexual behavior."</i>	<p>1 – A document from Idaho's Department of Juvenile Corrections entitled, "Juvenile Sexual Abuse Treatment (JSAT) Program Description (11 pages); 2 – JSAT packet of materials for youthful offenders who participate in the JSAT program (35 pages).</p> <p>Idaho's Department of Juvenile Corrections, in preparing for the development of its Juvenile Sexual Abuse Treatment (JSAT) program, compiled information regarding sexual offenders already in custody and also other information from national sources concerning program operations and standards.</p> <p>The first document listed above describes the results of a study that was performed and issued in December 1997. The second document listed above are the JSAT program materials that were eventually developed and utilized in the treatment of youth at Idaho's Yellowstone Sexual Abuse and Treatment program.</p>	10/10/08
	4	<i>"The treatment program provides a multi-modal, multi-disciplinary and offense-specific model which is responsive to the evolving research on treatment efficacy in the field of treating youth with sexual behavior. . . ."</i>		
	6	<i>"The SBTP residential component will be offered in a modified therapeutic community/milieu therapy model in which youth are provided with opportunities to learn appropriate social behaviors and are encouraged to exercise responsibility for themselves and others."</i>		
	7	<i>"The treatment of program participants with problematic sexual behavior is individualized through the provision of specialized groups and referral for ancillary therapeutic experiences."</i>		

2.2.7 Summary and Application of Audit Findings

DJJ is appreciative of the SBTP Expert's latest Annual Report in which she provided DJJ with site-specific information and compliance assessments. DJJ was also encouraged to see an increase in its Substantial Compliance percentage from that of the previous round. However, much of the SBTP's progress is dependent on the development and implementation of a program curriculum which has been delayed by contractual issues. DJJ is currently working closely with the SBTP Expert to review the appropriate steps and materials to remedy this situation. DJJ is very grateful for the SBTP Expert's input and willingness to work with DJJ and for any assistance she can provide in helping DJJ overcome the current barriers that prevent the SBTP from achieving full implementation.

2.3 Wards with Disabilities Program

2.3.1 Historical Audit Perspective

Court Filings

The Wards with Disabilities Program (WDP) Remedial Plan filed with the Court on May 31, 2005, was the third *Farrell* Remedial Plan to be filed. The audit tool, also referred to as the Standards and Criteria, was filed simultaneously with the Remedial Plan.

Audit Tool

The Wards with Disabilities Program audit tool contains 122 different action items. Associated with those 122 action items are approximately 566 individual audit items. This number has decreased due to the recent closure of two facilities. These 566 audit items are the total number of compliance ratings that DJJ is responsible for achieving compliance with during a complete round of auditing.

Of the 122 action items within the Wards with Disabilities Program audit tool, 25 of the action items have a specific deadline for implementation.

Audit Tool Breakdown

Audit Item Numbers Based on Six Facilities	Filing Dates		"Action Items"			"Audit Items"		
	Remedial Plan	Audit Tool	# of Action Items with a Deadline	# of Action Items without a Deadline	Total # of Action Items	# of Audit Items with a Deadline	# of Audit Items without a Deadline	Total # of Audit Items
Wards with Disabilities Program	5/31/05	5/31/05	25	97	122	81	485	566

Audit History

The time-spans for each of the three rounds of Wards with Disabilities Program monitoring, conducted at the facility level, are as follows:

- Round One: September 2005 to April 2006;
- Round Two: October 2006 to April 2007; and
- Round Three: September 2007 to May 2008.

The following chart provides a more detailed listing of all the Wards with Disabilities Program facility audits to date:

WDP	ROUND ONE	ROUND TWO		ROUND THREE	
Facility	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
DeWitt Nelson	Sep. 2005	Feb. 2007	17 months	Oct. 2007	8 months
El Paso de Robles	Oct. 2005	Dec. 2006	14 months	Apr. 2008	16 months
Ventura	Nov. 2005	Mar. 2007	16 months	Nov. 2007 & Mar. 2008	8 & 4 months
SYCRCC	Feb. 2006	April 2007	14 months	Jan. 2008 & May 2008	8 & 5 months
Heman G. Stark	Dec. 2005	Jan. 2007	13 months	Dec. 2007 & Mar. 2008	11 & 3 months
N.A. Chaderjian	Feb. 2006	Oct. 2006	8 months	Jan. 2008 & Apr. 2008	14 & 4 months
O.H. Close	Mar. 2006	Oct. 2006	7 months	Jan. 2008 & Apr. 2008	14 & 4 months
Preston	April 2006	Feb. 2007	10 months	Sept. 2007 & Apr. 2008	7 & 7 months

Future Audit Schedule

The Wards with Disabilities Program Expert has recently submitted a list of proposed audit dates for his next round of audits. Unlike the other *Farrell* Experts, the Wards with Disabilities Program Expert visits each facility twice during a round of audits. The following is the Wards with Disabilities Program Expert's proposed schedule for his fourth round of audits:

- Preston Youth Correctional Facility – September 25, 2008, and January 8, 2009
- O.H. Close Youth Correctional Facility – October 22, 2008, and February 19, 2009
- N.A. Chaderjian Youth Correctional Facility – October 23, 2008, and February 20, 2009
- Southern Youth Correctional Reception Center-Clinic – November 14, 2008, and February 12, 2009
- Heman G. Stark Youth Correctional Facility – December 9, 2008, and March 18, 2009
- Ventura Youth Correctional Facility – December 10, 2008, and March 19, 2009
- DJJ Headquarters – April 24, 2009

2.3.2 Most Recent Audit Findings

Audit Reports Received During Last Quarter

DJJ has not received an audit report from the Wards with Disabilities Program Expert during the last quarter. Generally, the Wards with Disabilities Program Expert does not provide DJJ with reports containing compliance ratings until he releases his Annual Report. The Wards with Disabilities Program Expert usually releases his Annual Report around the end of the fiscal year.

2.3.3 Wards with Disabilities Program Audit Results

Audit Results Introduction

The Wards with Disabilities Program charts on the following pages document the most up-to-date compliance ratings for each site audited by the Wards with Disabilities Program Expert. The compliance percentages are derived from the Wards with Disabilities Program Expert's compliance data provided within his Annual Report. These charts also include the cumulative results of the most recent round of audits as well as the comparison of a facility's prior audit results in previous rounds. Attached at the bottom of these charts are the statistical data for each audit performed for the identified site.

The percentages identified in the following charts have been rounded off and therefore, may have a slight variance of no more than 1% of either less than or greater than 100%. For example, in adding up the different compliance percentages, the sum total for a given site could either be 99%, 100% or 101% due to roundings.

To help fully understand the charts on the following pages, the abbreviations, color code and terms below are more clearly defined:

- **SC** = Substantial Compliance and is shaded in green.
- **PC** = Partial Compliance and is shaded in yellow.
- **NC** = Non-compliance and is shaded in red.
- **N/A** = Not Applicable and is shaded in gray.
- **Numbers in red font** = A negative number denoting a decrease in a compliance percentage.
- **Raw %** = The compliance percentages with the number of N/A items included in the calculations.
- **Adjusted %** = The compliance percentages with the number of N/A items excluded from the calculations. This is the number used by DJJ to identify the compliance percentage for a given site.

CUMULATIVE RESULTS

The pie chart below identifies the cumulative average for all of the compliance data received during the Wards with Disabilities Program Expert's last round of audits. The bar graph on the right provides a side-by-side comparison of the cumulative data from the previous round of audits. Below these diagrams are the statistical data from each of those audits.

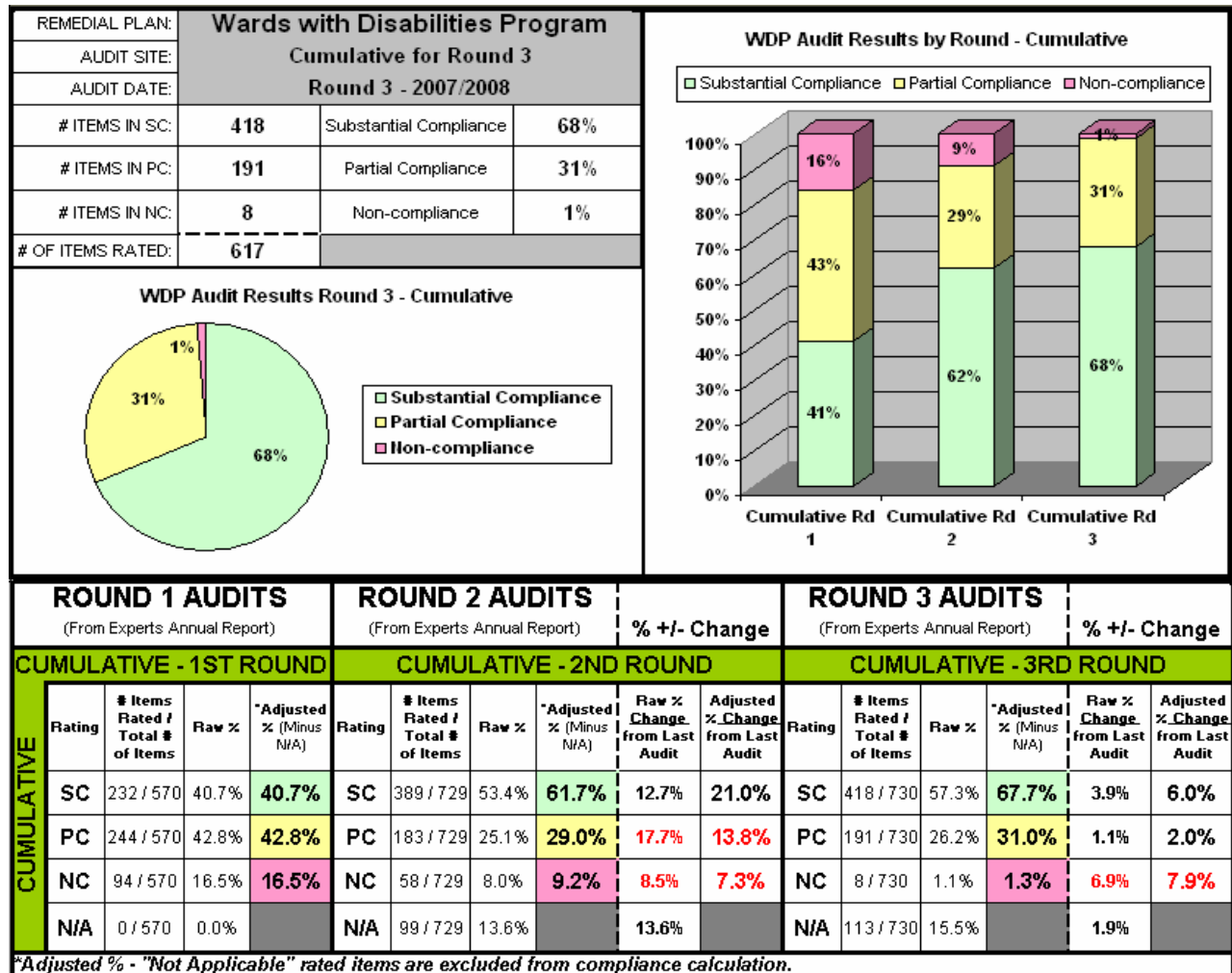


Figure 24: Wards with Disabilities Program Audit Results – Cumulative

- DJJ has increased its cumulative Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- DJJ's cumulative Substantial Compliance percentage has increased by an average of 13% after each round of audits.
- DJJ's cumulative Non-compliance percentage has decreased by an average of 8% after each round of audits.
- DJJ's cumulative combined Substantial Compliance and Partial Compliance percentages total 99%.

N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the N.A. Chaderjian Youth Correctional Facility on January 24 and April 22, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of those audits.

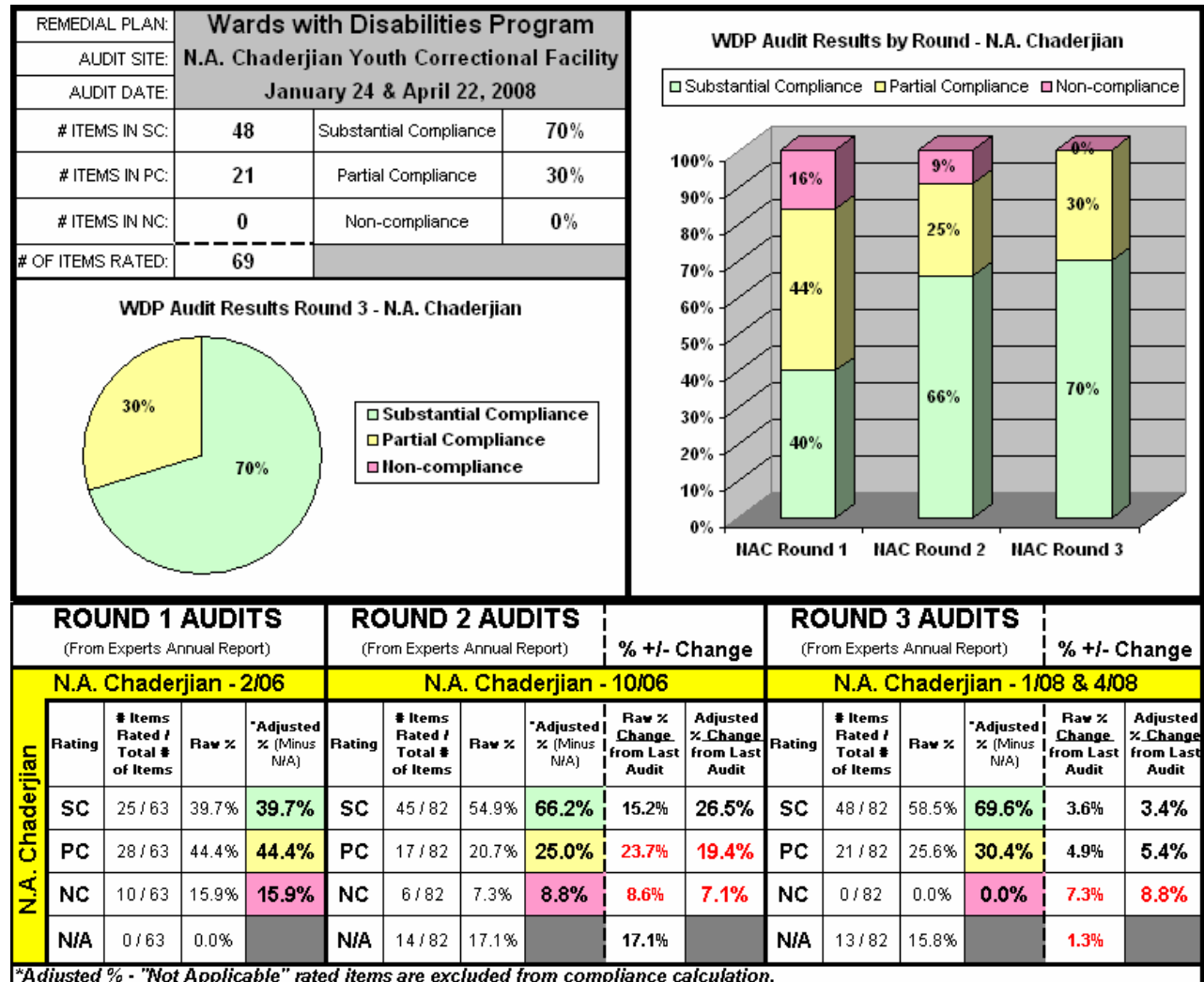


Figure 25: Wards with Disabilities Program Audit Results – N.A. Chaderjian Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 15% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 8% after each round of audits.
- The facility's cumulative Substantial Compliance and Partial Compliance percentages total 100%.

O.H. CLOSE YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the O.H. Close Youth Correctional Facility on January 23 and April 23, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits.

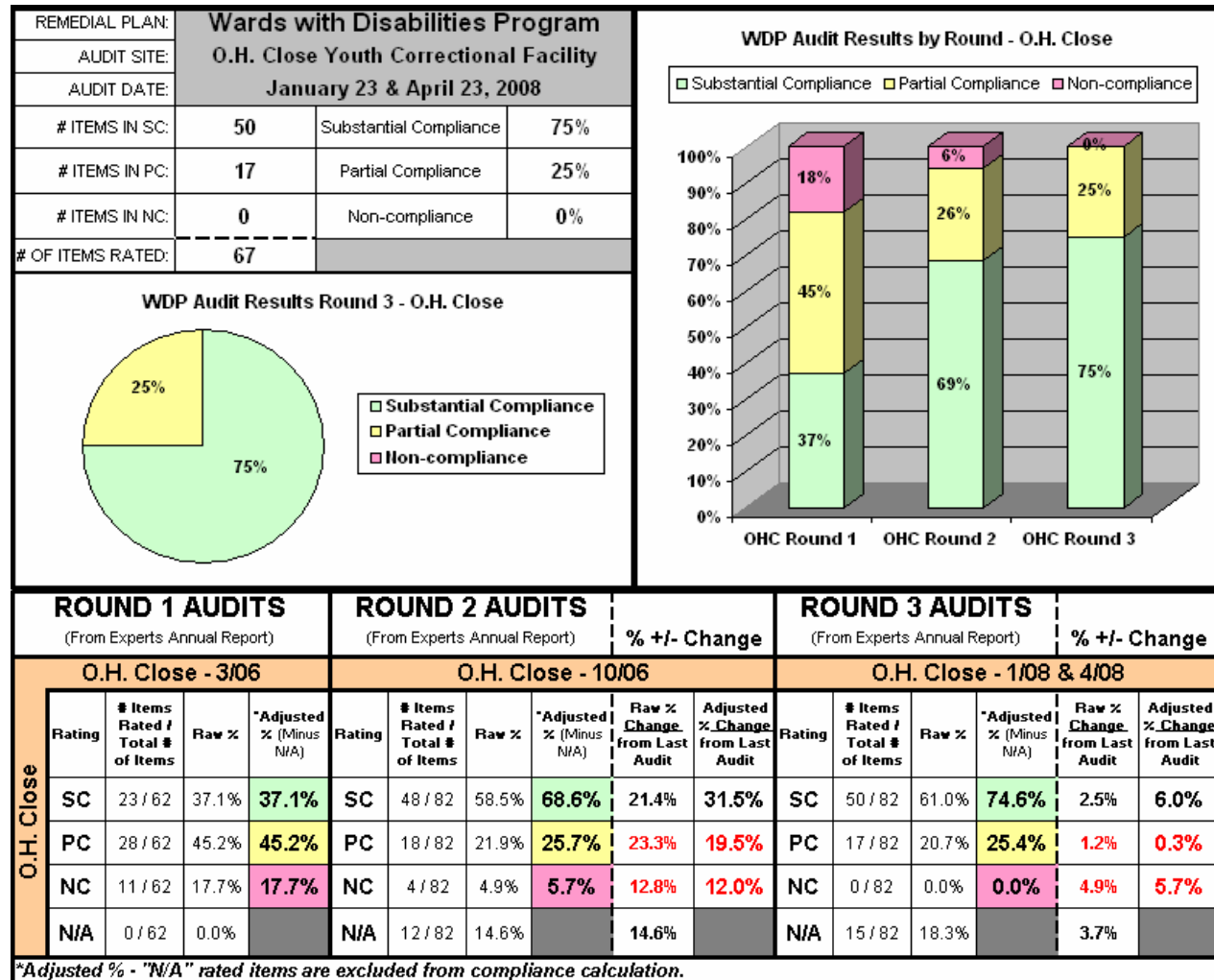


Figure 26: Wards with Disabilities Program Audit Results – O.H. Close Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 19% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 9% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 100%.

HEMAN G. STARK YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the Heman G. Stark Youth Correctional Facility on December 11, 2007 and March 11, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits.

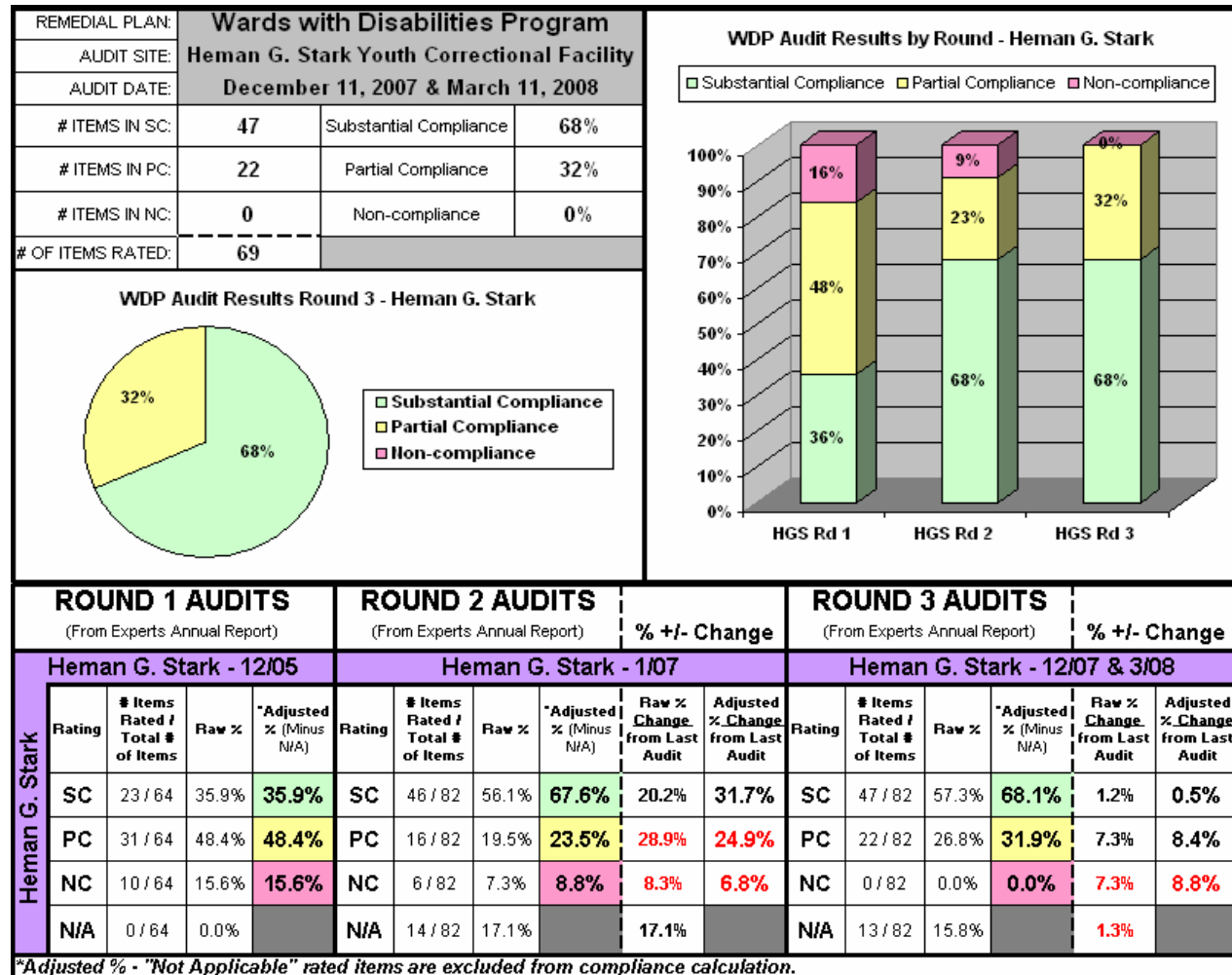


Figure 27: Wards with Disabilities Program Audit Results – Heman G. Stark Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 16% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 8% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 100%.

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER-CLINIC

The Wards with Disabilities Program Expert last audited the Southern Youth Correctional Reception Center-Clinic on January 10 and May 20, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits.

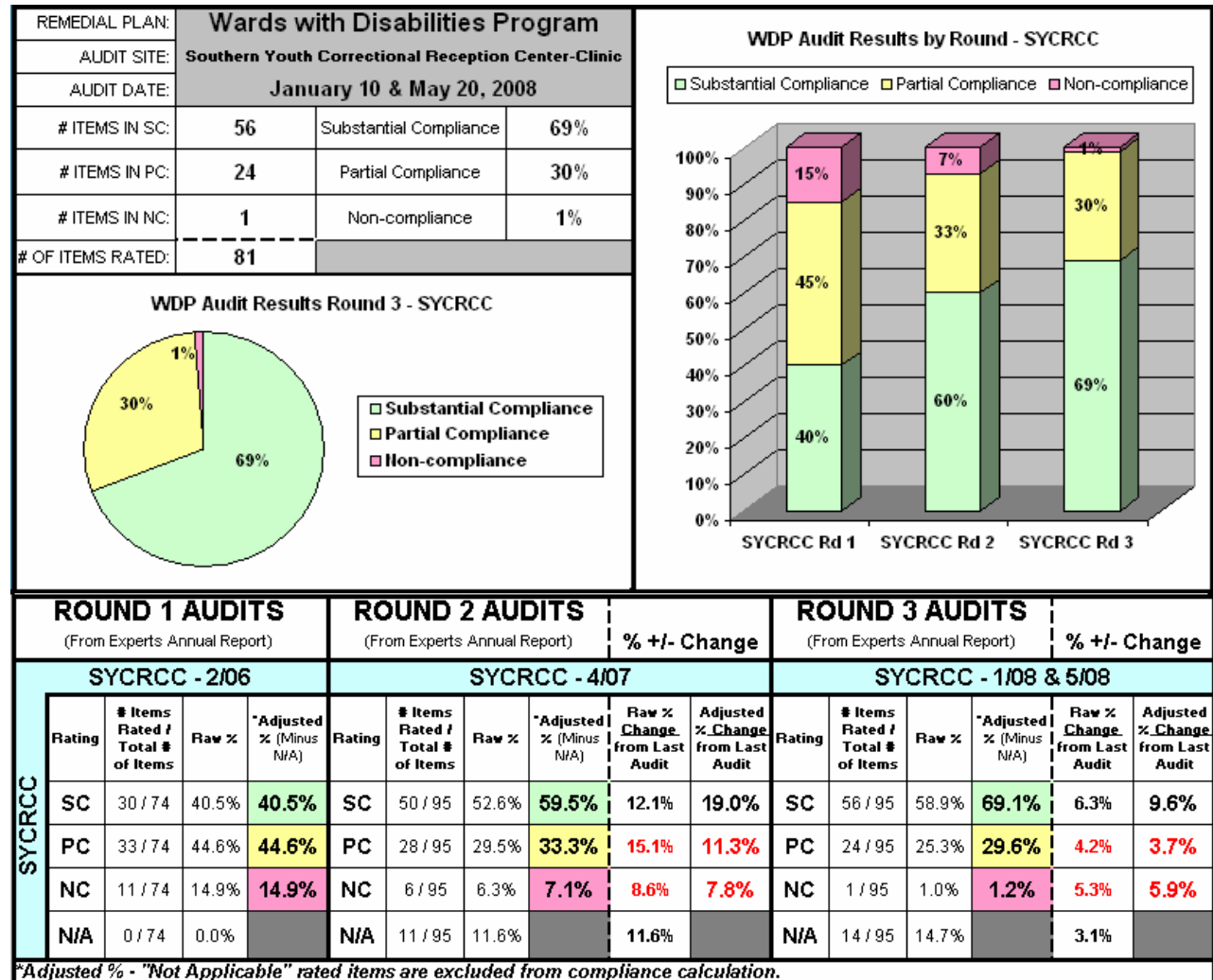


Figure 28: Wards with Disabilities Program Audit Results – Southern Youth Correctional Reception Center-Clinic

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 14% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 7% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 99%.

PRESTON YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the Preston Youth Correctional Facility on September 20, 2007 and April 1, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits.

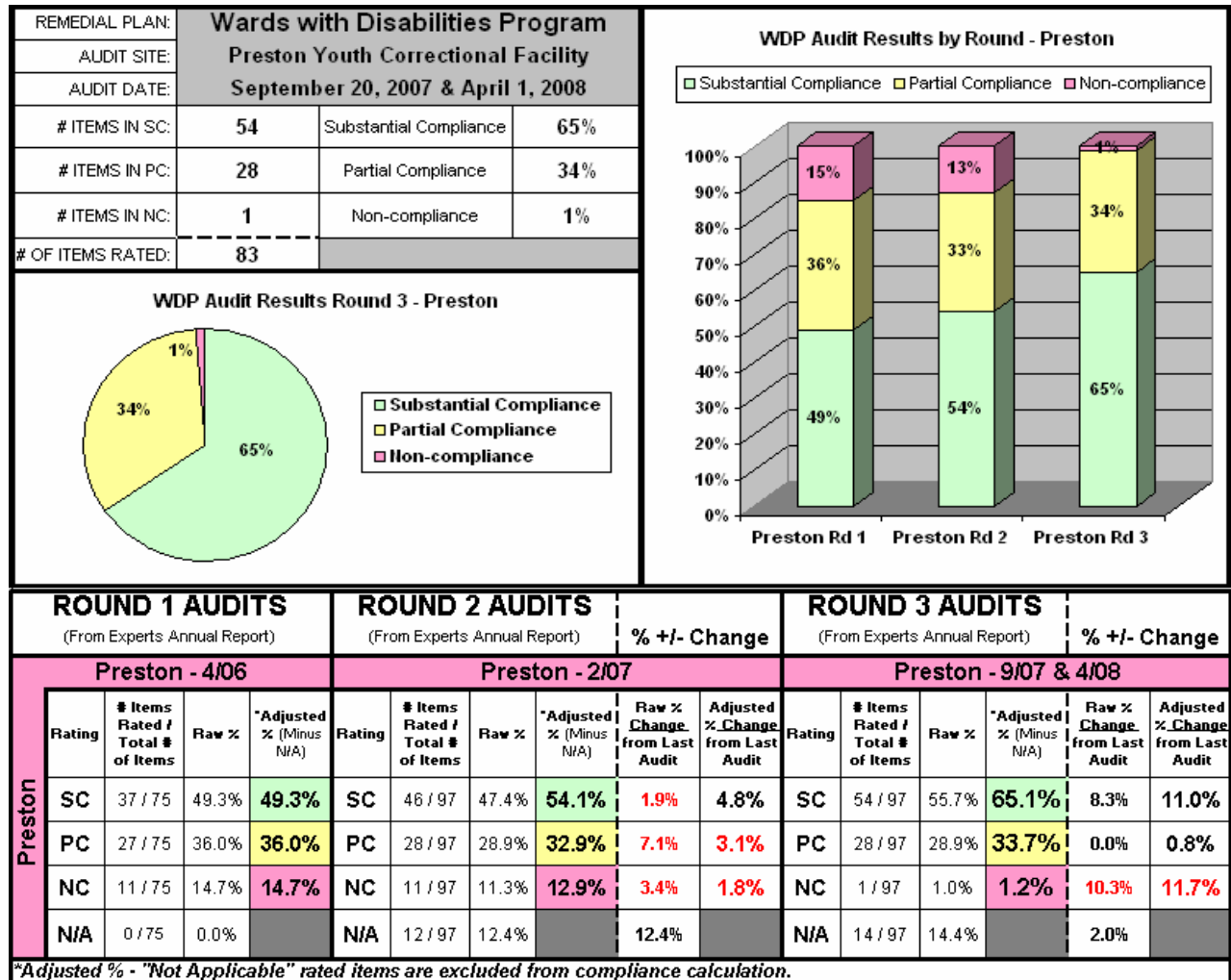


Figure 29: Wards with Disabilities Program Audit Results – Preston Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 8% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 7% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 99%.

VENTURA YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the Ventura Youth Correctional Facility on November 20, 2007 and March 12, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits.

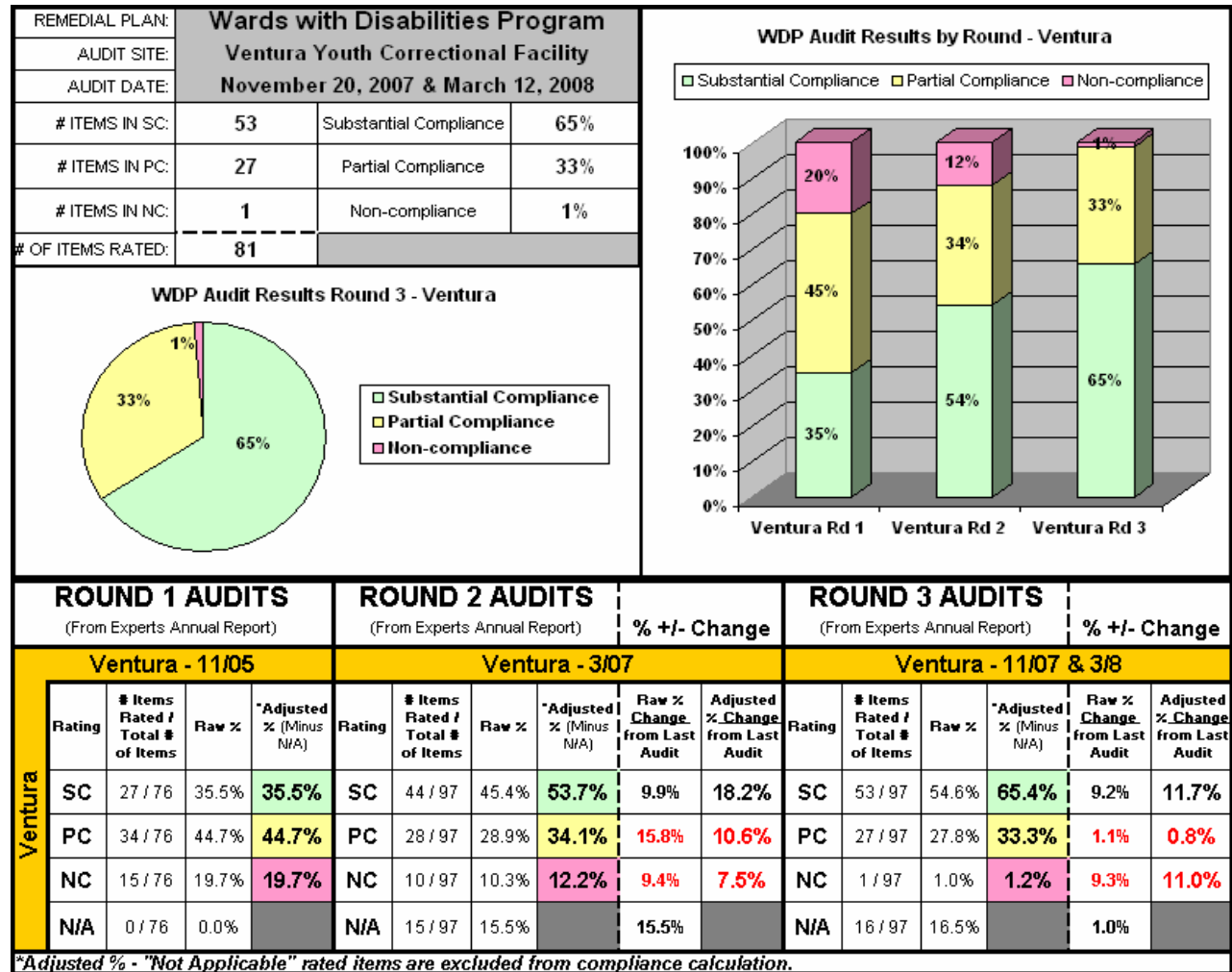


Figure 30: Wards with Disabilities Program Audit Results – Ventura Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 15% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 9% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 99%.

EL PASO DE ROBLES YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the El Paso de Robles Youth Correctional Facility on April 29, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits. It is important to note that this facility has since been closed and will no longer be audited in the future.

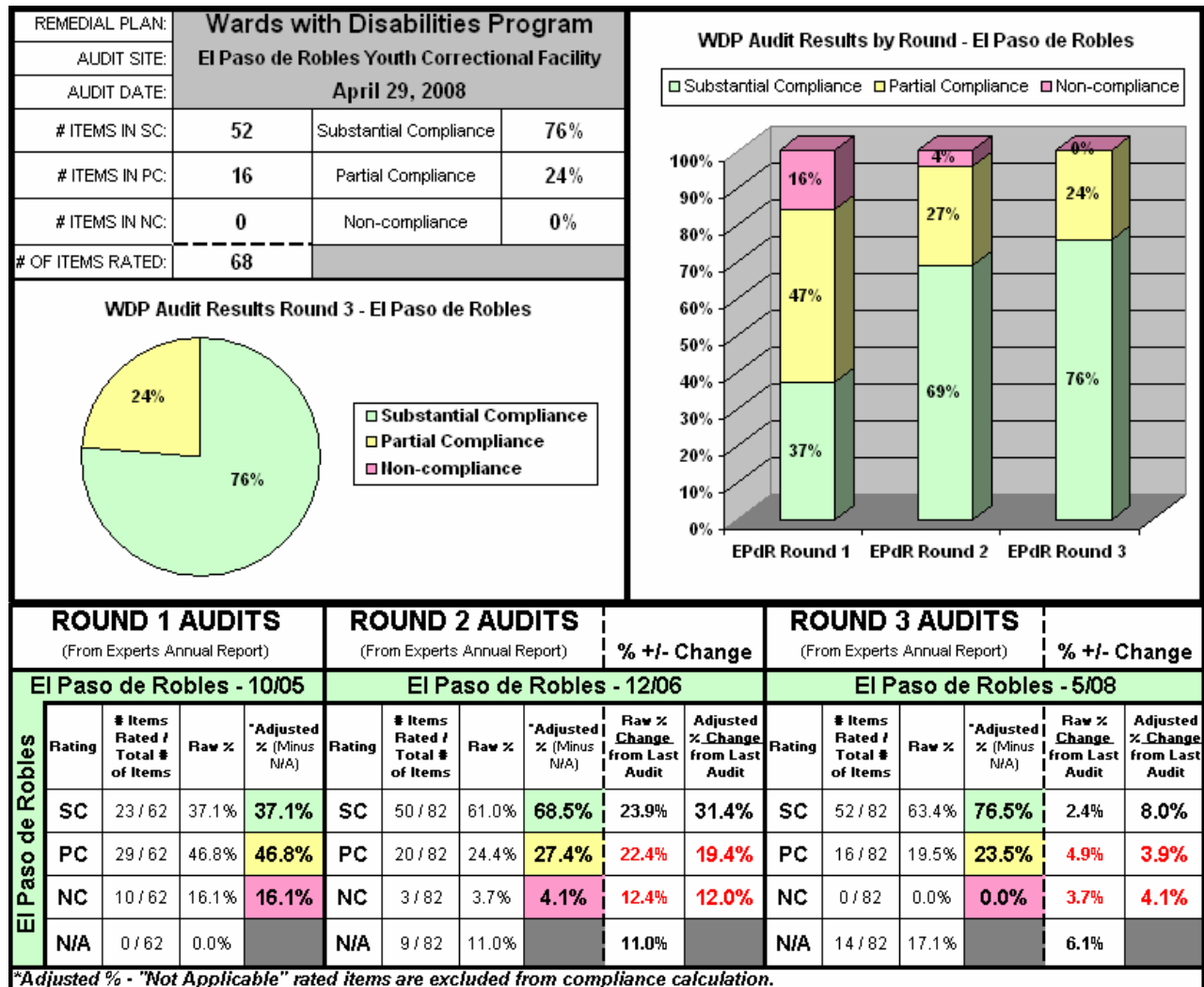


Figure 31: Wards with Disabilities Program Audit Results – El Paso de Robles Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 20% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 8% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 100%.

DEWITT NELSON YOUTH CORRECTIONAL FACILITY

The Wards with Disabilities Program Expert last audited the DeWitt Nelson Youth Correctional Facility on October 30, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Below these diagrams are the statistical data from each of these audits. It is important to note that this facility has since been closed and will no longer be audited in the future.

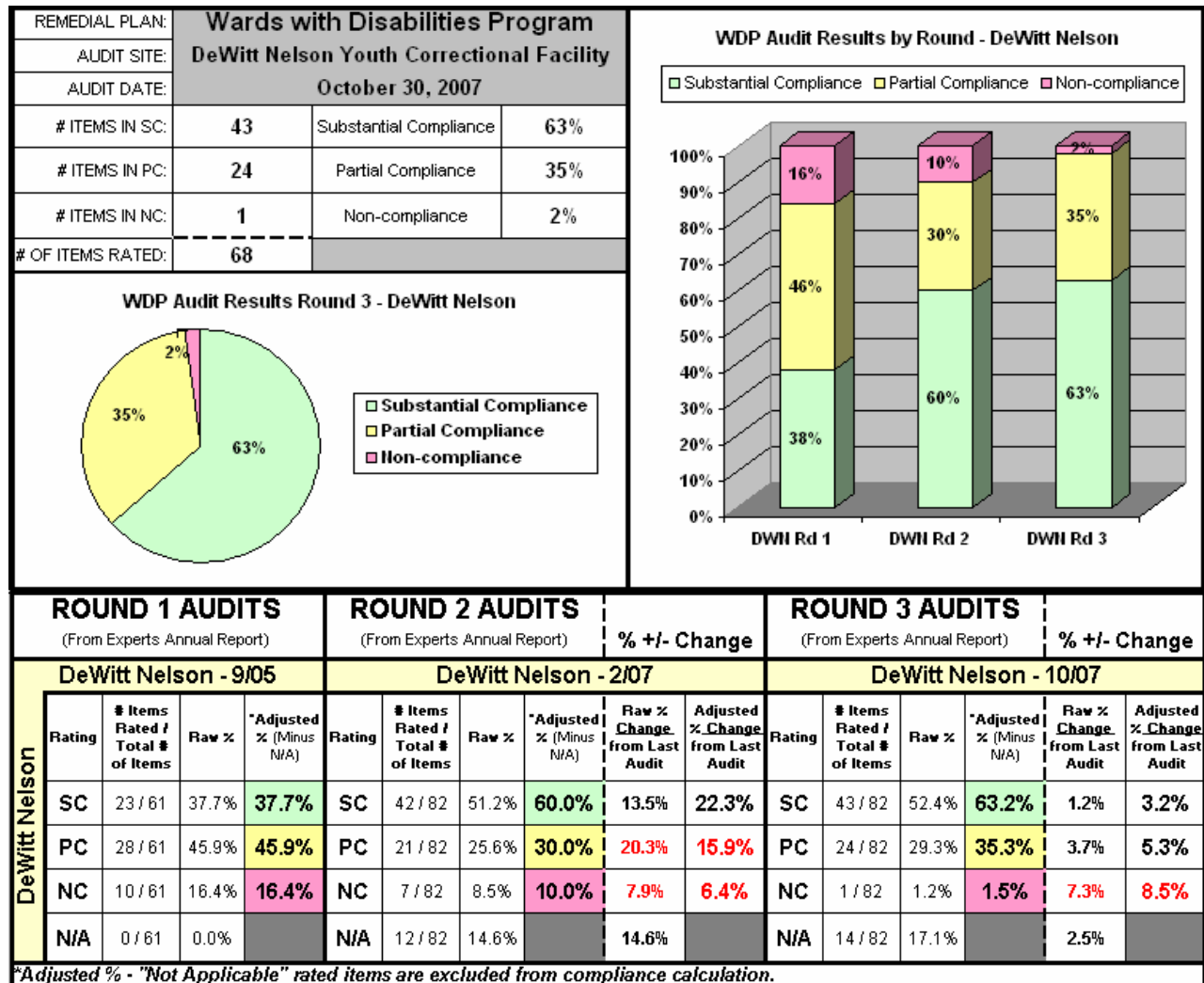


Figure 32: Wards with Disabilities Program Audit Results – DeWitt Nelson Youth Correctional Facility

- The facility has increased its Substantial Compliance percentage after every round of audits as well as decreasing its Non-compliance percentage after each round.
- The facility's Substantial Compliance percentage has increased by an average of 13% after each round of audits.
- The facility's Non-compliance percentage has decreased by an average of 7% after each round of audits.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 98%.

DJJ HEADQUARTERS

The Wards with Disabilities Program Expert last audited DJJ Headquarters on June 3, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from previous audits of Headquarters. Below these diagrams are the statistical data from each of these audits.

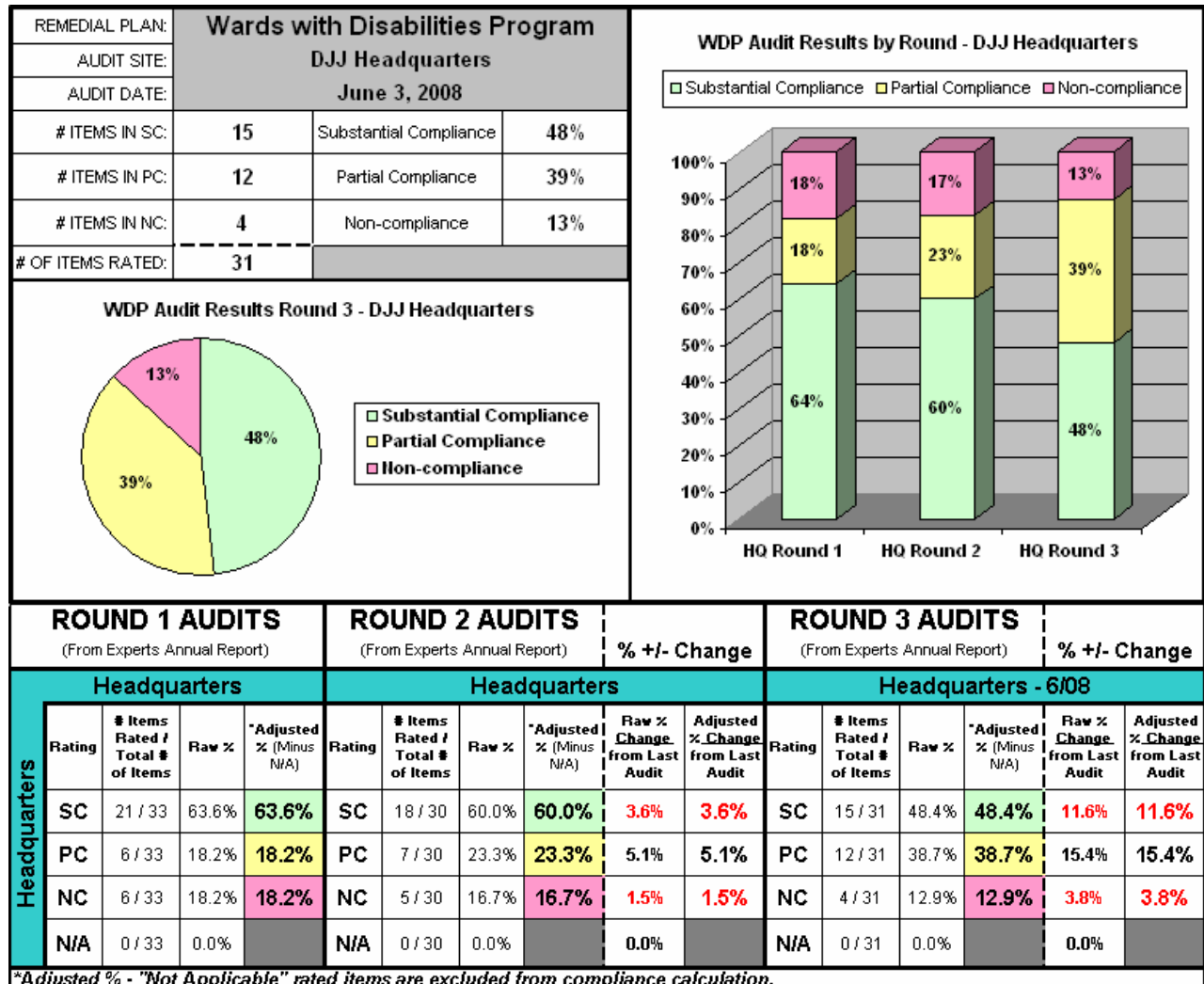


Figure 33: Wards with Disabilities Program Audit Results – DJJ Headquarters

- DJJ Headquarters has decreased its Substantial Compliance percentage after every round of audits but has also been able to decrease its Non-compliance percentage after each round.
- DJJ Headquarters' Substantial Compliance percentage has decreased by an average of 8% after each round of audits.
- DJJ Headquarters' Non-compliance percentage has decreased by an average of 3% after each round of audits.
- DJJ Headquarters' combined Substantial Compliance and Partial Compliance percentages total 87%.

SITE COMPARISON FOR ROUND THREE

The graph below illustrates the compliance percentages for the eight facilities audited by the Wards with Disabilities Program Expert during the last round of audits as well as the cumulative average of those audits.

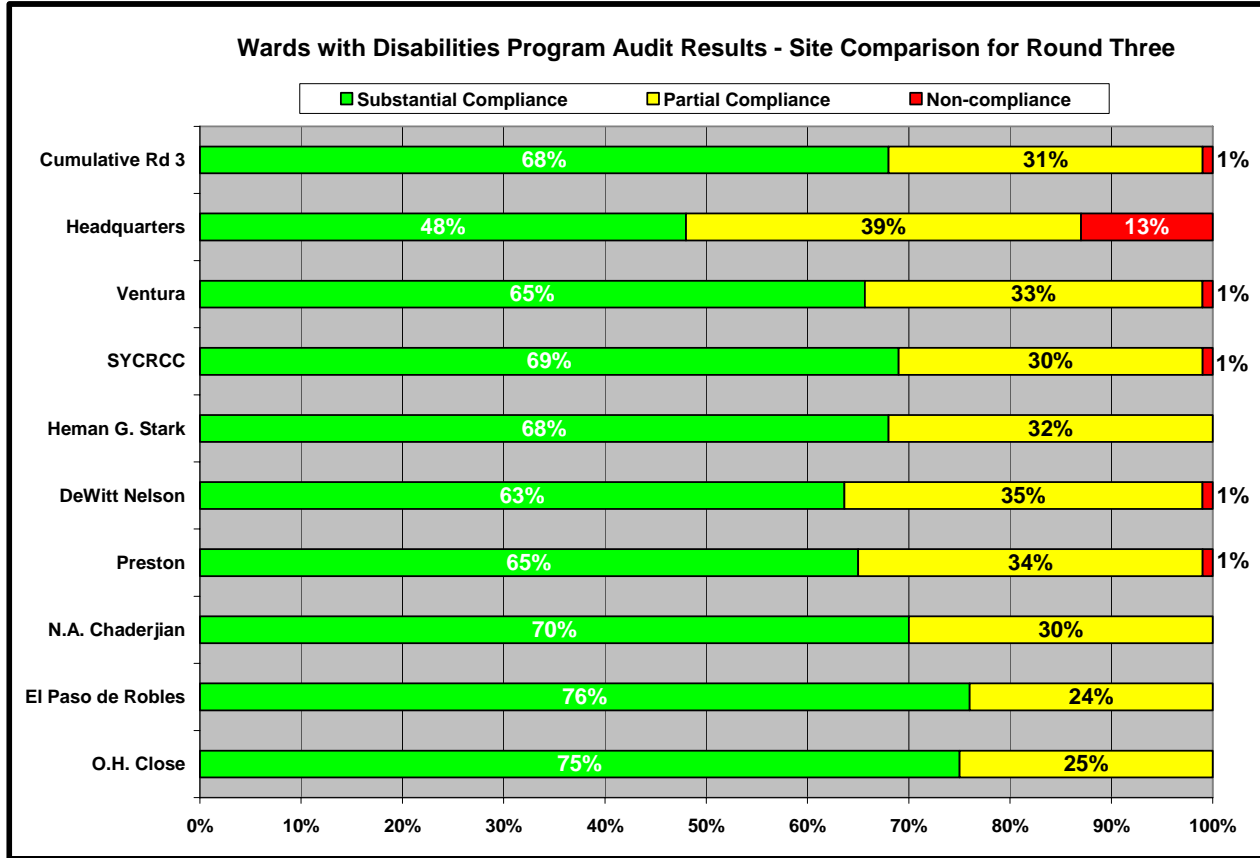


Figure 34: Wards with Disabilities Program Audit Results – Site Comparison for Round Three

- For Round Three, the Wards with Disabilities Program Expert assessed DJJ to be in 68% of Substantial Compliance, 31% in Partial Compliance, and 1% in Non-compliance.
- A total of 617 audit items received a compliance rating for Round Three. Of these 617 audited items, 418 received a Substantial Compliance rating, 191 received a Partial Compliance rating, and 8 received a Non-compliance rating.
- Two facilities had an 11% increase or more in their Substantial Compliance percentage, the Preston Youth Correctional Facility at 11.0% and the Ventura Youth Correctional Facility at 11.7%.
- Two facilities are at or above 75% in Substantial Compliance (O.H. Close Youth Correctional Facility and El Paso de Robles Youth Correctional Facility).
- Four facilities did not have any item rated as being in Non-compliance (O.H. Close Youth Correctional Facility, El Paso de Robles Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility, and Heman G. Stark Youth Correctional Facility). The other four facilities had just a single item each that was rated as being in Non-compliance.

SUBSTANTIAL COMPLIANCE COMPARISON

The graph below identifies the Substantial Compliance percentage for each audited site by the Wards with Disabilities Program Expert for each of the three rounds of audits to date.

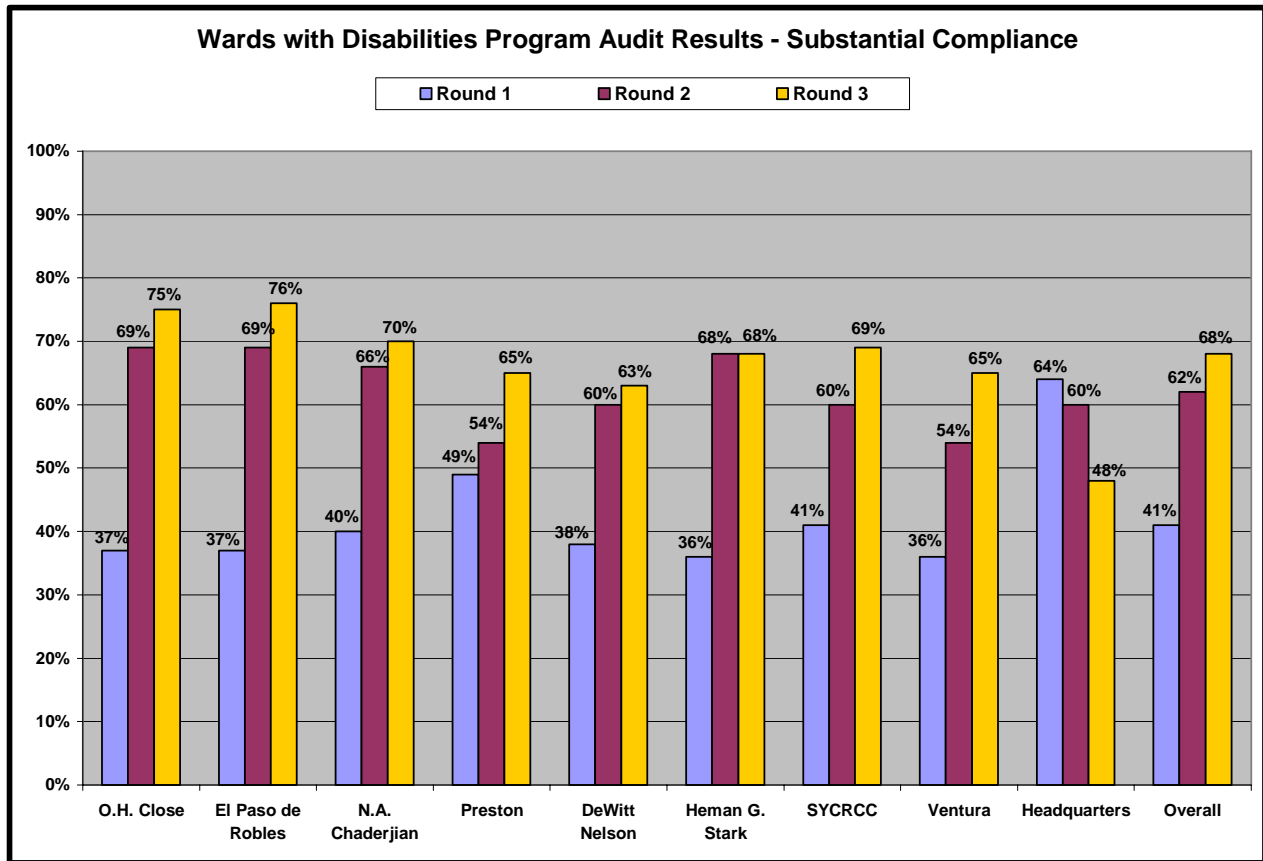


Figure 35: Wards with Disabilities Program Audit Results – Substantial Compliance Comparison

- Every facility increased its Substantial Compliance percentage after each round of auditing (Please note that the Heman G. Stark Youth Correctional Facility increased its Substantial Compliance percentage by 0.5% in Round Three).
- The facility with the highest Substantial Compliance percentage, the El Paso de Robles Youth Correctional Facility with 76%, and the facility with the lowest Substantial Compliance percentage, the DeWitt Nelson Youth Correctional Facility with 63%, have since been closed and therefore will not be audited in future rounds.
- An area of concern for DJJ is the pattern of decline in the Substantial Compliance percentage for DJJ Headquarters from Round One (64%) to Round Three (48%).

SUBSTANTIAL + PARTIAL COMPLIANCE COMPARISON

A Partial Compliance rating, while not at the same high level as Substantial Compliance, does demonstrate that progress and work effort have been achieved to move a given audit item towards Substantial Compliance. The graph below combines the Substantial Compliance and Partial Compliance percentages for each site for each round of audits to demonstrate the amount of work that has been put forth in working toward Substantial Compliance. A percentage of 100% indicates that the facility does not have any audit items rated as being in Non-compliance.

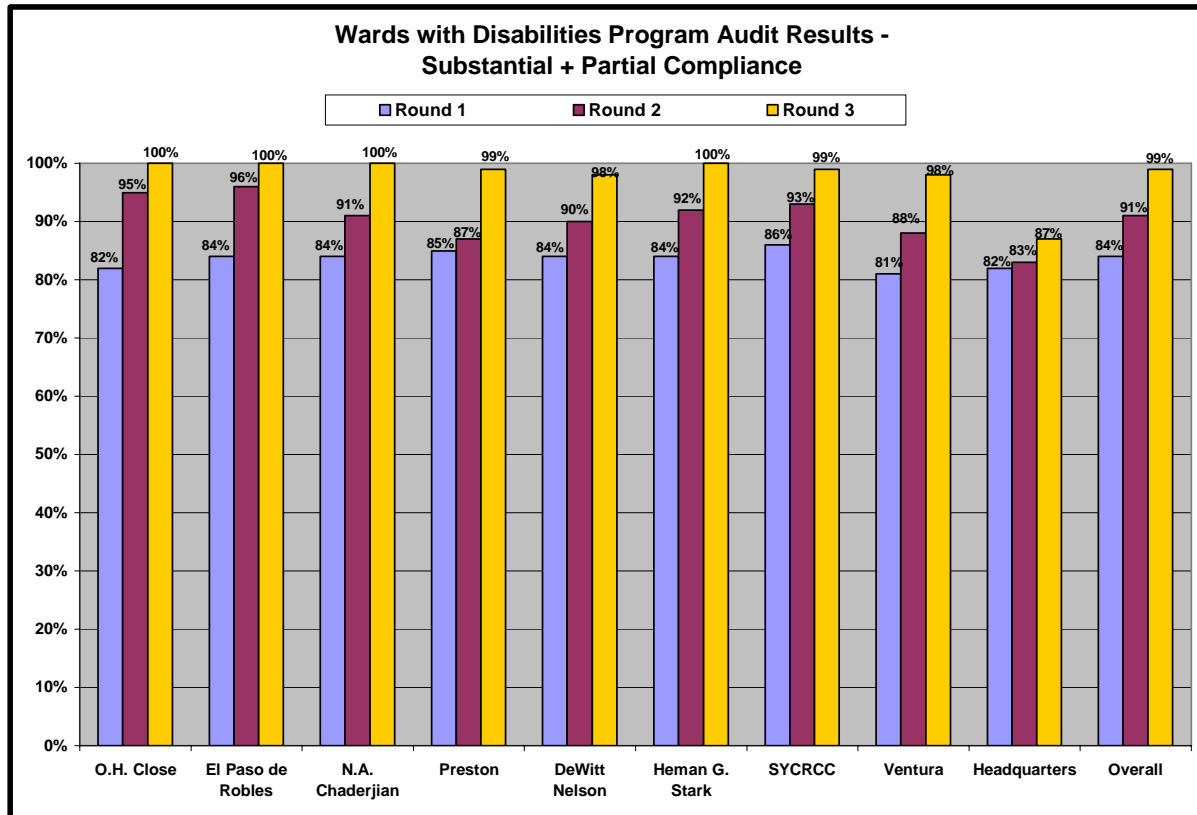


Figure 36: Wards with Disabilities Program Audit Results – Substantial + Partial Compliance Comparison

- Every site increased their combined Substantial and Partial compliance percentages after every round of audits.
- When combining the Substantial and Partial compliance percentages together for each facility, the totals range from a high of 100% (four facilities) to a low of 98%.
- Four facilities are at 100%, two facilities are at 99% and the remaining two facilities are at 98%.
- The Headquarters' combined Substantial and Partial compliance percentage is 87%.
- The cumulative combined Substantial and Partial compliance percentage for all the sites is 99%.

DJJ still has work left to do to fully implement all the reforms in the Wards with Disabilities Program Remedial Plan. However, DJJ believes that these percentages demonstrate an objective pattern of progress that speaks to DJJ's efforts to fully implement the Wards with Disabilities Program Remedial Plan. It is clear that a major focus for DJJ for the next round of audits will be to work to move items currently rated as Partial Compliance into Substantial Compliance and to demonstrate increased compliance at DJJ Headquarters.

2.3.4 Expert Feedback

Because DJJ has not received an audit report during the last quarter, DJJ has not received any Expert feedback specific to any recent audits.

2.3.5 Status of Specific Action Items

Relieved Items

In the Consent Decree, on page 11, paragraph 23, it states:

“When a facility is found to be in substantial compliance on an issue for one full year, and is found to remain in substantial compliance after review by the relevant expert(s) one year later, expert tours regarding that issue at that facility shall end.”

A “relieved” audit item is the term used when an audit item has met or exceeded the two-year Substantial Compliance threshold, and the appropriate expert has formally noted that the audit item is removed from that expert’s future monitoring.

In the Wards with Disabilities Program Expert’s latest Annual Report, he identifies a total of 22 action items that he has relieved from future independent monitoring. As stated on the Wards with Disabilities Program audit tool, these 22 action items meet the criteria of “a second consecutive ‘substantial compliance’ rating; the Auditor recommends no further independent auditing, but rather continuing auditing by the Department WDP Coordinator.”

These 22 relieved action items represent an increase of 13 additional relieved action items from that which had been relieved during the previous round of auditing.

The following chart identifies the 22 relieved action items.

WDP Action Items Relieved from Future Independent Monitoring			
DJJ #	Section	Action Item	Deadline
1	Directorate	HQ ACTION ITEM – Maintain a current copy of the Wards with Disabilities Program Remedial Plan in the Director's Office.	N/A
3	Departmental Ward Disability Coordinator & Functions	HQ ACTION ITEM – Ensure duty statement encompasses all Departmental WDP Coordinator duties as defined in the WDP Remedial Plan.	N/A
5		FACILITY ACTION ITEM –Establish and maintain full-time WDP Coordinators at each facility by February 2006.	2/1/06
18	Headquarters Policies	HQ ACTION ITEM – By December 2005, the Education Branch shall establish a working committee consisting of the Disability Expert, one Education Expert, the SELPA Director and the Manager of Special Education to study and make recommendations to improve the adult ward's and parents' meaningful participation during IEP meetings, to encourage more active participation, and to provide informational materials for parents and/or surrogates.	12/1/05
19		HQ ACTION ITEM – The Education Branch working committee shall also study the need for and evaluate the ability for the various public or private groups or agencies to assist with the means of attending IEP meetings for parents. (This is not being interpreted as requiring the Department to provide such means).	N/A
20		HQ ACTION ITEM – The Education Branch working committee shall also study the need to include a wider variety of individualized accommodations in IEP's.	N/A

WDP Action Items Relieved from Future Independent Monitoring			
DJJ #	Section	Action Item	Deadline
27	Headquarters Policy	HQ & RECEPTION CENTER ACTION ITEM – The CYA shall develop a provisional form that contains a written advisement of ADA Rights Notification in simple English and Spanish by August 2005.	8/1/05
28	Headquarters Programs / Screening	HQ & FACILITIES ACTION ITEM – Maintain a contract for sign language interpreter services, as well as a record of the use of this service.	N/A
30		HQ ACTION ITEM – The CYA will revise the Referral Document, YA 1.411 by replacing the term “handicap” with “disability” within 30 days of the filing date of this plan.	12/19/04
32	Superintendent	FACILITY ACTION ITEM – Maintain a current copy of the Wards with Disabilities Program Remedial Plan in the Superintendent's Office.	N/A
44	Facility Policies	FACILITY ACTION ITEM – Wards with hearing impairments shall have access to at least one facility television located in their assigned living unit that utilizes the closed captioning function at all times while the television is in use.	N/A
45		FACILITY ACTION ITEM – Distribute and post reports, brochures, treatment, and education materials in a manner that is accessible to wards with disabilities.	N/A
66		FACILITY ACTION ITEM – The Department shall ensure that aid is provided to all wards with disabilities who request assistance in requesting accommodations during YAB hearings.	N/A
67	Disciplinary Decision Making System	FACILITY ACTION ITEM – To assure a fair and just proceeding, if the rule violation is recorded as a Level 3 (Serious Misconduct), all wards with disabilities who require an accommodation shall be assigned a Staff Assistant (SA) from the facility SA team.	N/A
68		FACILITY ACTION ITEM – Each facility shall have a SA team with at least one representative from each of the following disciplines: mental health, healthcare, and education.	N/A
74	Grievance Procedures	FACILITY ACTION ITEM – The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.	N/A
75		FACILITY ACTION ITEM – The WDP Coordinator shall review all grievances forms at least monthly to identify any patterns of repetitive involvement that may be related to mental and physical disabilities and refer such cases to the appropriate supervisory staff.	N/A
87	Reception Center and Clinic Functions	RECEPTION CENTER ACTION ITEM – During the initial ward interviews, advise wards of their rights under the ADA and section 504, and receive formal documentation that they have received and understood this advisement.	NA
116	Removal of Architectural Barriers	FACILITY ACTION ITEM – The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.	6/30/06
117		FACILITY ACTION ITEM – The Department committed, at a minimum, to have one fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006.	6/30/06
119		FACILITY ACTION ITEM – The Department committed to analyze the 3000 additional barriers identified in the report prepared by Access Unlimited and provide a report that would categorize the barriers into three distinct areas. The three categories would be: 1) Projects that could be fixed in a short period of time with minimum cost; 2) Projects that will require substantial funding, and 3) Projects that have been identified but are not specifically required for ward programmatic access and are not part of the plan. This report is due July 15, 2005 and will be filed as Appendix C to the Disability Remedial Plan.	7/15/05
120		FACILITY ACTION ITEM – Construction of the first category of projects, which involves projects that can be fixed in a short period of time with minimum costs, shall be completed by September 30, 2006.	9/30/06

Items Removed from Relieved Status

Of the nine previously relieved action items from Round Two, the Wards with Disabilities Program Expert decided that two of those items should no longer be considered relieved and are once again subject to his independent monitoring. It is important to note that both of these action items maintained their Substantial Compliance ratings during this last round of audits.

The Expert's rationale for removing these two items from relieved status, as well as other items that have met the two-year Substantial Compliance standard, is that these action items are staff-dependent; that is, there will always be a possibility that staff will one day leave the position. Because of this possibility, the Expert has decided to keep these and other action items open to his continued monitoring, despite the fact that they have been in Substantial Compliance for two years or longer. Because turnover in personnel is unavoidable and DJJ has continued to actively recruit for Wards with Disabilities Program positions as they become vacant, DJJ informed the Wards with Disabilities Program Expert of its objection to this auditing methodology.

The chart below identifies the two action items that the Wards with Disabilities Program Expert has recently removed from relieved status and will once again be monitored during his next round of audits.

WDP Action Items Removed from Relieved Status					
DJJ #	Section	Action Item	Deadline	Current Rating	Expert Comments
4	Departmental Ward Disability Coordinator & Functions	HQ ACTION ITEM – The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	N/A	SC	Sandi Becker is believed to be performing the required oversight functions.
36	Facility Wards with Disabilities Coordinator	FACILITY ACTION ITEM – Maintain WDP Coordinators at each facility.	2/1/06	SC	Each facility had an active WDP Coordinator in place at the time of each site visit. Since this situation could change at any point in time (e.g., a coordinator could resign or be promoted), it is felt that this item should remain in the audit instrument despite the two concurrent "SC" compliance ratings (as with the four items directly below).

Statewide Compliance Items

In addition to the 22 relieved action items, there are also 37 action items for which the Wards with Disabilities Program Expert has provided Substantial Compliance ratings to each of the applicable sites audited during the last round of audits. When an action item receives a Substantial Compliance rating for every applicable site during a round of audits, this is referred to as being in "Statewide Compliance." Items that are found to be in "Statewide Compliance" should not be confused with audit items that have been formally relieved from future Expert monitoring.

The chart below lists the 37 action items in the Wards with Disabilities Program audit tool in which every applicable site received a Substantial Compliance rating during the last round of audits.

WDP Action Items in Statewide Compliance – Round Three (Relieved Items not Included)			
DJJ #	Section	Action Item	Deadline
2	Departmental Ward Disability Coordinator & Functions	HQ ACTION ITEM – By October 2005, establish and maintain a full-time Departmental Wards with Disabilities Program (WDP) Coordinator and analytical staff to develop, support, lead and manage a quality program.	10/1/05
4		HQ ACTION ITEM – The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	N/A
5		FACILITY ACTION ITEM – Establish and maintain full-time WDP Coordinators at each facility by February 2006.	2/1/06
11		HQ ACTION ITEM – Within six months of the court approval and adoption of this plan, the Department's Ward Disability Program Coordinator will receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Expert's report.	11/30/05
13	Headquarter Policies	HQ ACTION ITEM – The CYA shall procure two wheelchair assessable vans to transport wards with disabilities by July 2006.	7/1/06
15		HQ ACTION ITEM – The Department shall ensure that wards with disabilities have access equal to non-disabled wards in all levels of care within the youth correctional system.	N/A
16		HQ ACTION ITEM – All wards under the jurisdiction of the CYA shall be given equal access to all programs, services and activities offered by the Department. Programs, services, and activities shall be offered in the least restrictive environment, with or without accommodations.	N/A
29	Headquarters Programs / Screening	HQ ACTION ITEM – The Intake and Court Services Unit staff shall review incoming documentation from the committing courts and counties of all wards for indicators of impairments that may limit a major life activity and require accommodations or program modifications.	N/A
34	Superintendent	FACILITY ACTION ITEM – The Superintendent shall report to the Deputy Director, within twenty-four hours, when a ward with a disability that requires accommodation is placed in a restrictive setting, i.e., TD or lockdown.	N/A
36	Facility Wards with Disabilities Coordinator	FACILITY ACTION ITEM – Maintain WDP Coordinators at each facility.	2/1/06
37		FACILITY ACTION ITEM – Ensure duty statement encompasses all facility WDP Coordinator duties as defined in the WDP Remedial Plan.	N/A
38		FACILITY ACTION ITEM – The facility WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	N/A
39		FACILITY ACTION ITEM – Within six months of the court approval and adoption of this plan, the facility Ward Disability Program Coordinators will received a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Experts report.	11/30/05
40		FACILITY ACTION ITEM – The facility WDP Coordinators shall submit monthly reports to the Department WDP Coordinator.	N/A
42	Facility Policies	FACILITY ACTION ITEM – Assistive devices shall be taken away from a ward to ensure the safety of persons, the security of the facility or to assist in an investigation or when a Dept. physician or dentist determines that the assistive device is no longer medically necessary or appropriate	N/A
43		FACILITY ACTION ITEM – Wards with hearing disabilities shall be provided use of a Telecommunications Device for the Deaf (TDD).	N/A
47		FACILITY ACTION ITEM – The Principal shall ensure students with disabilities are trained in the proper use of electronic equipment.	N/A
50		FACILITY ACTION ITEM – Provide for and implement the four exceptions to the graduation standards for students with disabilities, as listed in the remedial plan.	N/A

WDP Action Items in Statewide Compliance – Round Three (Relieved Items not Included)			
DJJ #	Section	Action Item	Deadline
52		FACILITY ACTION ITEM – Non-emergency verbal announcements, in living units where wards with hearing and other impairments reside, shall be done on the public address system and by flicking the lights on and off several times to notify wards with disabilities of impending information. Verbal announcements may be effectively communicated in writing, on a chalkboard, or by personal notification.	N/A
54		FACILITY ACTION ITEM – Prior to placing a ward with a disability into a restricted setting, the Superintendent shall review the referral form and ensure that any accommodation required by a ward has been documented.	N/A
61		FACILITY ACTION ITEM – The Department shall ensure that wards with disabilities have access to all Youth Authority Board (YAB) proceedings. To this end, the Department shall provide reasonable accommodations to wards with disabilities preparing for parole and YAB proceedings.	N/A
62		FACILITY ACTION ITEM – Department staff shall ensure that wards with disabilities are provided staff assistance in understanding regulations and procedures related to parole plans and in the completion of required forms.	N/A
69	Disciplinary Decision Making System	FACILITY ACTION ITEM – Disposition chairperson shall be trained to communicate with wards that have disabilities.	N/A
70		FACILITY ACTION ITEM – The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities and present an overview of the DDMS process.	N/A
71		FACILITY ACTION ITEM – The facility WDP Coordinators shall review all DDMS/grievance forms at least monthly to identify any patterns of misbehavior that may be related to cognitive and emotional disabilities.	N/A
76	Grievance Procedures	FACILITY ACTION ITEM – Completed grievance forms should be randomly monitored by the facility WDP Coordinator to determine if indeed disability is an issue, even though the ward filing the grievance may not have specifically cited it.	N/A
78		FACILITY ACTION ITEM – The Wards Rights Coordinator, within 24 hours of receipt, shall review grievances, with attached documentation, that request accommodations or allege discrimination to determine whether the grievance meets one or more of the following criteria for review and response: (1) Allegation of non-compliance with department WDP policy. (2) Allegation of discrimination based on a disability under WDP. (3) Denial of access to a program, service, or activity based on disability.	N/A
79		FACILITY ACTION ITEM – The Wards Rights Coordinator shall forward to the facility WDP Coordinator or designee all grievances that meet the criteria for review and response within 48 hours of receipt.	N/A
83		FACILITY ACTION ITEM – The Ward's Rights Coordinator shall refer a grievance to the facility WDP Coordinator when verification of a non-medical disability is required and ensure it is handled as defined within the remedial plan and within timeframes.	N/A
88	Reception Center-Clinic Functions	RECEPTION CENTER ACTION ITEM – Assigned Casework Specialist shall refer a ward to a mental health professional on a Mental Health Referral Form when indicators of a mental impairment exists that may limit a major life activity.	N/A
89		RECEPTION CENTER ACTION ITEM – Assigned Casework Specialist shall refer a ward to a medical professional on a Disability Health Services Referral form when indicators of a physical impairment exists that may limit a major life activity.	N/A
94		RECEPTION CENTER ACTION ITEM – Credentialed education staff shall complete educational assessment within 50 calendar days.	N/A
111	Residential Programs	FACILITY ACTION ITEM – The Program Manager shall ensure that the presentation, the curriculum, and any supplemental materials used for individual and small group counseling, large group meetings, and resource groups are modified to ensure equal access to the information by wards with disabilities.	N/A
112		FACILITY ACTION ITEM – The Program Manager shall ensure that a Staff Assistant (SA) is assigned to a ward with a disability when individualized assistance in the completion of mandated or necessary functions.	N/A

WDP Action Items in Statewide Compliance – Round Three (Relieved Items not Included)			
DJJ #	Section	Action Item	Deadline
113		FACILITY ACTION ITEM – The facilities shall ensure equal access to services, such as medical and religious, and activities, such as visiting and recreation, to wards with disabilities as to those provided to wards without disabilities.	N/A
114	Developmental Disabilities	FACILITY ACTION ITEM – No outward signs of identification or labeling will be posted for wards involved in the developmental disabilities program.	N/A
118	Removal of Architectural Barriers	FACILITY ACTION ITEM – The Department committed to the removal of critical disability related structural barriers projects that will be completed by FY 2008/09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan.	7/1/08

Action Items with Majority Ratings of Non-compliance

In addition to identifying areas of progress, the Wards with Disabilities Program Expert's audit reports also provide valuable information on the action items that require more attention and work before they will be deemed to satisfy the mandates of the Wards with Disabilities Remedial Plan. Generally, these types of items require a higher level of inter-departmental coordination and are sometimes dependent on action items from other remedial plans being implemented, thus making them more challenging to implement in a timely manner.

The chart below identifies four action items which received a majority of Non-compliance ratings at the different facilities.

WDP Action Items with Majority Ratings of Non-compliance – Round Three			
DJJ #	Section	Action Item	Deadline
9	Departmental Ward Disability Coordinator & Functions	FACILITY ACTION ITEM – In conjunction with the Health Care Transition Team, the Mental Health and Medical Experts, and Disabilities Expert, ensure systems are in place to monitor the use of psychotropic prescriptions and medications including SSRI's for wards under the age of 20.	N/A
21	Headquarter Policies	FACILITY ACTION ITEM – In consultation with the disabilities expert, the CYA will conduct a study regarding the need for a residential program for wards with certain developmental disabilities. The study will commence within six months from the date that the Disabilities Remedial Plan is filed with the court.	11/30/05
24		FACILITY ACTION ITEM – The CYA shall develop a screening tool to assess the current ward population in order to identify any developmentally disabled wards who may not have been previously identified. The CYA shall complete this assessment by December, 2006.	12/1/06
86	Reception Center-Clinic Functions	RECEPTION CENTER ACTION ITEM – As part of the clinic screening and assessment process, all wards shall be screened at the reception centers, and as indicated, throughout their stay in the Department, to be determine whether they have a developmental disability, which may make them eligible under criteria set forth in the American with Disabilities Act (ADA) and/or may make them eligible to receive services from a Regional Center.	N/A

2.3.6 Proof of Practice

The following chart identifies the Wards with Disabilities Program-related Proof of Practice documents that were sent to the Wards with Disabilities Program Expert and the Special Master during the last quarter:

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
170	Headquarters C-1	<i>"The CYA shall procure two wheelchair accessible vans to transport wards with disabilities by June 2006"</i>	# 1 - Invoice No. 46138, dated 3/24/2008, from Creative Bus Sales, Inc., for 2008 El Dorado AeroElite 290, ParaTransit package. Total Amount: \$ 102,269.53. # 2 - Invoice No. 46554, dated 4/4/2008, from Creative Bus Sales, Inc., for 2008 El Dorado AeroElite 290, ParaTransit package. Total Amount: \$ 101,020.53.	7/7/08
174	Facility Administration D.4-1, D.4-2, D.4-3, D.4-5, D.4-6	1 - <i>"The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006."</i> 2 - <i>"The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006."</i> 3 - <i>"The Department committed to the removal of critical disability related structural barriers projects that will be completed by FY 2008/09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan."</i> 5 - <i>"Construction of the first category of projects, which involves projects that can be fixed in a short period of time with minimum costs, shall be completed by September 30, 2006."</i> 6 - <i>"The second category of projects, which involve projects that will require substantial funding, will be completed by September 30, 2008."</i>	A two page memo dated March 20, 2008 to the Superintendent of El Paso de Robles YCF from Richard L. Traversi, Jr., Architect, from CDCR Design Standards and Services regarding the removal of architectural barriers. The subject line of the memo is, "El Paso De Robles Youth Correctional Facility – Americans with Disabilities Act Modifications Budget Change Proposals 1, 2, and 3."	7/11/08
175	Facility Administration D.4-1, D.4-2	1 - <i>"The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006."</i> 2 - <i>"The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006."</i>	A two page memo dated April 3, 2008 to the Superintendent of DeWitt Nelson YCF from J.H. Linan, Architect, from CDCR Design Standards and Services regarding the removal of architectural barriers. The subject line of the memo is, "DeWitt Nelson Youth Correctional Facility – Americans with Disabilities Act – Compliant Ward Room and Shower Renovation at Lassen and Modoc."	7/11/08

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
176	Facility Administration D.4-1, D.4-2, D.4-3, D.4-5, D.4-6	<p>1 – “The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.”</p> <p>2 – “The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006.”</p> <p>3 – “The Department committed to the removal of critical disability related structural barriers projects that will be completed by FY 2008/09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan.”</p> <p>5 – “Construction of the first category of projects, which involves projects that can be fixed in a short period of time with minimum costs, shall be completed by September 30, 2006.”</p> <p>6 – “The second category of projects, which involve projects that will require substantial funding, will be completed by September 30, 2008.”</p>	<p>#1 - A two page memo dated June 18, 2008 to the Superintendent of DeWitt Nelson YCF from Howard G. Taylor, Architect, from CDCR Design Standards and Services regarding the removal of architectural barriers. The subject line of the memo is, “DeWitt Nelson Youth Correctional Facility – Americans with Disabilities Act Modifications Out Years Budget Change Proposals 1, 2, and 3.” #2 - A three page spreadsheet attachment with a header of “ADA Projects for BCP 1, 2 and 3.”</p>	7/11/08
177	Facility Administration D.4-1, D.4-2, D.4-3, D.4-5, D.4-6	<p>1 – “The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.”</p> <p>2 – “The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006.”</p> <p>3 – “The Department committed to the removal of critical disability related structural barriers projects that will be completed by FY 2008/09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan.”</p> <p>5 – “Construction of the first category of projects, which involves projects that can be fixed in a short period of time with minimum costs, shall be completed by September 30, 2006.”</p> <p>6 – “The second category of projects, which involve projects that will require substantial funding, will be completed by September 30, 2008.”</p>	<p>A two page memo dated June 26, 2008 to the Superintendent of Heman G. Stark YCF from J.H. Linan, Architect, from CDCR Design Standards and Services regarding the removal of architectural barriers. The subject line of the memo is, “Heman G. Stark Youth Correctional Facility – Americans with Disabilities Act - Modifications Out Year Budget Change Proposal (BCP) 1, 2, and 3.”</p>	7/11/08

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
178	Headquarters B-7	<i>"In conjunction with the Health Care Transition Team, Medical Experts and Disabilities Expert, (1) prepare an 'action plan' for wards with mobility or other physical impairments to integrate with the general population as soon as medical issues are resolved, including determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis."</i>	Second draft of the "Action Plan" for youth with mobility or other physical impairments that has incorporated feedback from the WDP Expert and additional DJJ Health Care Services input. DJJ is respectfully requesting the WDP Expert's feedback by July 18, 2008.	7/11/08
182	Facility Administration D-4	<p>1 – <i>"The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006."</i></p> <p>2 – <i>"The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006."</i></p>	A two page memo dated July 8, 2008 to the Superintendent of Heman G. Stark YCF from J.H. Linan, Architect, from CDCR Design Standards and Services regarding the removal of architectural barriers. The subject line of the memo is, "Heman G. Stark Youth Correctional Facility – Americans with Disabilities Act – Renovate Showers at Units A, B, C and D."	7/11/08
199	Facility Administration C-1	<i>"The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive and emotional disabilities, and present an overview of the DDMS process."</i>	Disability Awareness Sign-in Sheets for the following: 1 – DWNYCF (4 pages); 2 – EPDRYCF (4 pages); 3 – HGSYCF (1 page); 4 – NACYCF (4 pages); 5 – OHCYCF (2 pages); 6 – PYCF (9 pages); 7 – SYCRCC (6 pages); 8 – Misc. (6 pages).	8/8/08
	Facility Administration C-2	<i>"The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe mental and physical disabilities, and present an overview of the grievance process."</i>		

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
206	Headquarters B-1	<i>"In conjunction with the Health Care Transition Team, the Mental Health and Medical Experts, and Disabilities Expert, ensure systems are in place to monitor the use of psychotropic prescriptions and medications including SSRI's for wards under the age of 20."</i>	<p>1 – Draft of DJJ's "Treatment Guidelines in Psychopharmacology" (22 pages); 2 – "Nonformulary Medication Request" (DJJ Form 8.284) (1 page); 3 – "Authorization for TIER III/IV Psychopharmacologic Treatment" (DJJ Form 8.XXX) (1 page); 4 – "Abnormal Involuntary Movement Assessment" (DJJ Form 8.XXX) (1 page); 5 – "Appendix A: JV-220 Application Procedure" (2 pages); 6 – Appendix B: Division of Juvenile Justice Common Drug Formulary Psychotropic Medications" (2 pages); 7 – "Appendix C: Laboratory Monitoring Protocols" (1 page); 8 – "JV-219-INFO: Information about Psychotropic Medication Forms" (2 pages); 9 – "JV-220: Application Regarding Psychotropic Medication" (1 page); 10 – "JV-220(A): Prescribing Physician's Statement—Attachment" (3 pages); 11 – "JV-221: Proof of Notice: Application Regarding Psychotropic Medication" (2 pages); 12 – "JV-222: Opposition to Application Regarding Psychotropic Medication" (1 page); 13 – "JV-223: Order Regarding Application for Psychotropic Medication" (1 page); 14 – "Course of Treatment Consent Form for: Psychotic Disorder (Youth)" (4 pages); 15 – "Course of Treatment Consent Form for: Psychotic Disorder (Parent or Legal Guardian)" (4 pages); 16 – "Course of Treatment Consent Form for: Depression (Parent or Legal Guardian)" (4 pages); 17 – "Course of Treatment Consent Form for: Depression (Youth)" (4 pages).</p> <p>PLEASE NOTE: DJJ respectfully requests the WDP Expert's feedback by COB on August 22, 2008.</p>	8/8/08
209	Headquarters B-2	Various items under the "Grievance Procedures" section.	Memorandum, dated August 1, 2008, from Sandra K. Youngen, Director, Division of Juvenile Facilities, subject: "Implementing the Youth Grievance and Staff Misconduct Complaint Policies" (2 pages).	8/12/08
215	Headquarters B-6, B-8	<p><i>"The Departmental WDP Coordinator shall ensure that a WDP report is completed monthly, quarterly, and annually for each site."</i></p> <p><i>"In conjunction with the Health Care Transition Team, Medical Experts, and Disability Expert, (1) prepare an 'action plan' for wards with mobility or other physical impairments to integrate with the general population as soon as medical issues are resolved, including determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis."</i></p>	<p>1 – "Americans with Disabilities Act (ADA) Remedial Plan Physical Plant Monthly Status Report," for July 2, 2008, through August 1, 2008 (8 pages); 2 – List of ADA Projects planned by DJJ for each facility (31 pages).</p>	9/17/08
	Facility Administration B-3	<i>"The facility WDP Coordinators shall submit monthly reports to Department WDP Coordinator."</i>		

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
229	Facility Administration D-4	<i>"The Department committed to the removal of critical disability related structural barriers projects that will be completed by FY 2008-09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan."</i>	1 – Memorandum, dated July 17, 2008, from David White, Architect, to Cassandra Stansberry, Superintendent, S.Y.C.R.C.C., subject: "Southern Youth Correctional Reception Center and Clinic – Specialized Counseling Program at Marshall Dormitory, America Disability Act Modifications BCP 1 & 2 and American Disability Act Modifications BCP 1,2 & 3" (2 pages), demonstrating that architectural barriers were removed at the institution as required under the WDP Remedial Plan.	9/2/08
237	Headquarters B-6, B-7	<i>"The Departmental WDP Coordinator shall ensure that a WDP report is completed monthly, quarterly, and annually at each site."</i> <i>"In conjunction with the Health Care Transition Team, Medical Experts, and Disability Expert, (1) prepare an 'action plan' for wards with mobility or other physical impairments to integrate with the general population as soon as medical issues are resolved, including determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis."</i>	1 – "Americans with Disabilities Act (ADA) Remedial Plan Physical Plant Monthly Status Report," for August 2, 2008, thru September 4, 2008 (8 pages); 2 – List of ADA projects completed and to be completed for each facility (50 pages).	9/9/08
	Facility Administration B-5	<i>"The facility WDP Coordinators shall submit monthly reports to Department WDP Coordinator."</i>		
242	Headquarters C-13	<i>"Within 12 months of the court approval and adoption of this plan, all staff will receive training, prepared with the assistance of an outside disability advocacy organization or consultant, and in consultation with the Disability Expert in disabilities sensitivity, awareness, and harassment. This training will be provided to all staff on an annual basis. Additionally, until such time as disability sensitivity, awareness, and harassment training is incorporated in the basic training academy curriculum, this training will be provided to all new hires within 90 days of their placement in the facility."</i>	1 – Administrative Bulletin, No. 08-02, entitled, "Wards with Disabilities Temporary Departmental Order (TDO) Extension," with an effective date of August 28, 2008. This bulletin extends the expiration date of TDO No. 06-71, which expired September 6, 2008. 2 – A copy of TDO No. 06-71 (80 pages), whose expiration date is extended.	9/15/08

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
252	N/A	N/A	<p>1 – Draft of newly revised document entitled, “Key Audit Items – Wards With Disabilities: Reporting Tool Implied by Expert’s Identification of Top Priority Items” (1 page).</p> <p>This document is being submitted to the WDP Expert as well as the Special Master to allow both the opportunity to review and provide feedback to DJJ as to whether the document correctly identifies the items that DJJ should give top priority.</p> <p>These key audit items were updated as a result of an agreement between DJJ and the Special Master and Experts to capture critical audit items that should receive top priority. As part of the agreement, the Special Master and the WDP Expert are to review this document and provide any feedback that they so desire.</p> <p>PLEASE NOTE: DJJ respectfully requests that the feedback be provided no later than the close of business of October 15, 2008.</p>	9/30/08
260	Facility Administration B	Numerous audit items within each of the categories identified here. Due to the wide scope of this policy, there may be other audit items addressed in categories other than those listed herein.	<p>1 – Memorandum dated September 25, 2008, from Robert E. Morris, Health Care Director, to Logan Hopper, Disability Expert; Joseph Goldenson, Health Care Services Expert; and Madeleine LaMarre, Health Care Services Expert, subject: “Mr. Hopper’s Comments Regarding the Vision Testing and Eyeglasses Procurement Policy” (2 pages); 2 – Revised draft that includes tracked changes of DJJ’s “Vision Testing and Eye Glasses Procurement” Policy (7 pages).</p>	10/1/08
	Headquarters C		<p>As the memorandum contained in these documents states, the Vision Testing and Eye Glasses Procurement Policy has been updated in response to comments and feedback that Mr. Hopper, the Wards with Disabilities Program (WDP) Expert, provided to DJJ. The version of the policy that Mr. Hopper reviewed was one that had already revised due to feedback that the Health Care Services (HCS) Experts had already provided at that point. Thus, the policy draft submitted with this Proof of Practice is being presented to both the WDP and the HCS Experts for final review.</p> <p>Please Note: DJJ requests that the Experts provide their feedback on this policy draft by the close of business of October 17, 2008.</p>	

WDP Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
270	Headquarters B-13	<p><i>"Within 12 months of the court approval and adoption of this plan, all staff will receive training, prepared with the assistance of an outside disability advocacy organization or consultant, and in consultation with the Disability Expert in disabilities sensitivity, awareness, and harassment. This training will be provided to all staff on an annual basis. Additionally, until such time as disability sensitivity, awareness, and harassment training is incorporated in the basic training academy curriculum, this training will be provided to all new hires within 90 days of their placement in the facility."</i></p>	<p>1 – Copy of an electronic message, dated October 8, 2008, sent to all staff at DJJ headquarters regarding a training course entitled, "Disability Awareness Training" (1 page).</p> <p>This document is being submitted to the Wards with Disabilities Program (WDP) Expert in order to demonstrate DJJ's desire to provide training to all staff at DJJ's headquarters regarding disability awareness. The training will be provided on a staggered basis during the first two weeks of November 2008, with staff attendance scheduled according to birth month. The training will be required and is intended to provide information to staff to enable them to understand the rights and protections afforded to persons with disabilities.</p> <p>PLEASE NOTE, however, that this training that DJJ will provide to its staff in November not yet received any feedback or assistance from any outside disability advocacy organization or consultant pertaining to this particular training yet. DJJ is currently in the midst of finalizing the contracting process and anticipates starting to solicit bids soon in order to fulfill the requirements of the WDP Remedial Plan.</p>	10/20/08

2.3.7 Summary and Application of Audit Findings

DJJ has made substantial progress thus far in implementing the requirements of the Wards with Disabilities Program Remedial Plan. Much of this progress is the result of the cooperative relationship between the Wards with Disabilities Program Expert and DJJ's Departmental Wards with Disabilities Program Coordinator as well as the constructive feedback provided by the Wards with Disabilities Program Expert. DJJ will continue to look to the Wards with Disabilities Program Expert for his expertise and guidance as the Department continues to implement the reforms in the Wards with Disabilities Program Remedial Plan.

2.4 Health Care Services Remedial Plan Compliance Status

2.4.1 Historical Audit Perspective

Court Filings

The Health Care Services Remedial Plan was filed with the Court on June 7, 2006. The Health Care audit tool was filed with the Court on November 30, 2007.

Audit Tool

The Health Care audit tool is unique from the other *Farrell* audit tools in that it is made up of a series of questions and screens.

The questions are similar to the other *Farrell* audit tools as they identify whether a process or task has been implemented and/or is being followed correctly. The Health Care Experts then apply a Substantial, Partial, or Non-compliance rating to that audit item.

Screens on the other hand are random file reviews to ensure that proper procedures and documentation are being followed. Per the audit tool, the Health Care Experts randomly select 10 to 20 youth health record files and provide either a Substantial Compliance or Non-compliance rating for each file based on the task the Experts are reviewing; there is no provision for a Partial Compliance rating in reviewing a screen. As a result, a single screen may have as many as 20 compliance ratings associated with it.

Because of this process, the Health Care audit tool had the “potential” of having as many as 10,592 audit items when first designed. Because the Experts have the flexibility to review a range of the number of files for a given screen, 10,592 would have been the maximum number of items that DJJ would have to get right in order to come into compliance with the Health Care Services Remedial Plan for any given round of auditing. However, based upon the six audits performed to date, the Health Care Experts are averaging oversight of 854 audit items per facility. With the six facilities that are being monitored, that totals approximately 5,125 audit items that DJJ is expected to be in Substantial Compliance with for Round One.

The Health Care audit tool is unique from the other *Farrell* audit tools in that it also measures compliance percentages in 20 different Health Care categories. Two of the 20 categories are exclusive to DJJ Headquarters. Due to the time involved in auditing all of the items in the Health Care Services audit tool, the Health Care Experts may not be able to complete an audit for all of the 18 facility categories at one time.

The list of 20 categories includes the following:

- Health Care Organization, Leadership, Budget, and Staffing – **HQ only category**
- Statewide Pharmacy Services – **HQ only category**
- Facility Leadership, Budget, Staffing, Orientation and Training
- Medical Reception
- Intra-system Transfer
- Nursing Sick Call
- Medical Care
- Chronic Disease Management
- Infection Control
- Pharmacy Services
- Medication Administration Process
- Medication Administration Health Record Review
- Urgent/Emergent Care Services
- Outpatient Housing Unit
- Health Records
- Preventive Services
- Consultation and Specialty Services
- Peer Review
- Credentialing
- Quality Management

There are no deadlines attached to any of the action items within the Health Care Services audit tool. However, the Health Care Services Remedial Plan itself does contain a few deadlines.

Audit Tool Breakdown

Audit Item Numbers Based on Six Facilities	Filing Dates		"Action Items"			"Audit Items"		
	Remedial Plan	Audit Tool	# of Action Items with a Deadline	# of Action Items without a Deadline	Total # of Action Items	# of Audit Items with a Deadline	# of Audit Items without a Deadline	Total # of Audit Items
Health Care Services	6/7/06	11/30/07	0	205*	205*		To be completed	

Audit History

The Health Care Experts have completed their first round of monitoring using the recently filed audit tool but have not yet provided DJJ with all of the compliance reports for that round of audits. Due to their closures, the Health Care Experts did not audit either the DeWitt Nelson Youth Correctional Facility or the El Paso de Robles Youth Correctional Facility. DJJ has received audit reports for all of the facilities but is awaiting the audit report for DJJ Headquarters and the Health Care Experts' Annual Report.

The chart below provides a detailed schedule of the Health Care Services audits to date:

	ROUND ONE	ROUND TWO		ROUND THREE	
Facility	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
DJJ Headquarters	June 2-4, 2008	N/A	N/A	N/A	N/A
Heman G. Stark	Oct. 31-Nov. 2, 2007	N/A	N/A	N/A	N/A
N.A. Chaderjian	Feb. 25-29, 2008	N/A	N/A	N/A	N/A
O.H. Close	June 2-4, 2008	N/A	N/A	N/A	N/A
Preston	Sept. 5-7, 2007	N/A	N/A	N/A	N/A
SYCRCC	Jan. 29-31, 2008	N/A	N/A	N/A	N/A
Ventura	Dec 5-7, 2007	N/A	N/A	N/A	N/A

Future Audit Schedule

The Health Care Experts have not provided DJJ with a schedule for their second round of auditing.

2.4.2 Most Recent Audit Findings

Audit Reports Received During Last Quarter

DJJ has not received an audit report from the Health Care Experts during the last quarter. DJJ anticipates receiving the Health Care Experts' audit report for DJJ Headquarters and their comprehensive Annual Report during the next quarter.

2.4.3 Health Care Services Audit Results

Audit Results Introduction

The Health Care Services charts on the following pages document the most up-to-date compliance ratings for each site audited by the Health Care Experts. The compliance percentages are derived from the Health Care Experts' compliance data provided within the various audit reports. These charts also include the cumulative results of the most recent round of audits as well as the comparison of a facility's prior audit results in previous rounds. Because this is the first round of audits, the comparison chart (bar graph) will illustrate the same compliance results as that of the pie chart. Attached at the bottom of these charts are the statistical data for each audit performed at each site.

The percentages identified in the following charts have been rounded off and therefore, may have a slight variance of no more than 1% of either less than or greater than 100%. For example, in adding up the different compliance percentages, the sum total for a given site could either be 99%, 100% or 101% due to rounding.

To help fully understand the charts on the following pages, the abbreviations, color code and terms below are more clearly defined:

- **SC** = Substantial Compliance and is shaded in green.
- **PC** = Partial Compliance and is shaded in yellow.
- **NC** = Non-compliance and is shaded in red.
- **N/A** = Not Applicable and is shaded in gray.
- **Numbers in red font** = A negative number denoting a decrease in a compliance percentage.
- **Raw %** = The compliance percentages with the number of N/A items included in the calculations.
- **Adjusted %** = The compliance percentages with the number of N/A items excluded from the calculations. This is the number used by DJJ to identify the compliance percentage for a given site.

CUMULATIVE RESULTS

The pie chart on the following page identifies the cumulative averages for all of the compliance data received to date from the Health Care Experts current round of audits. The bar graph on the right side compares the cumulative percentages from the different rounds of audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below the graphs are the statistical data associated with these audits.

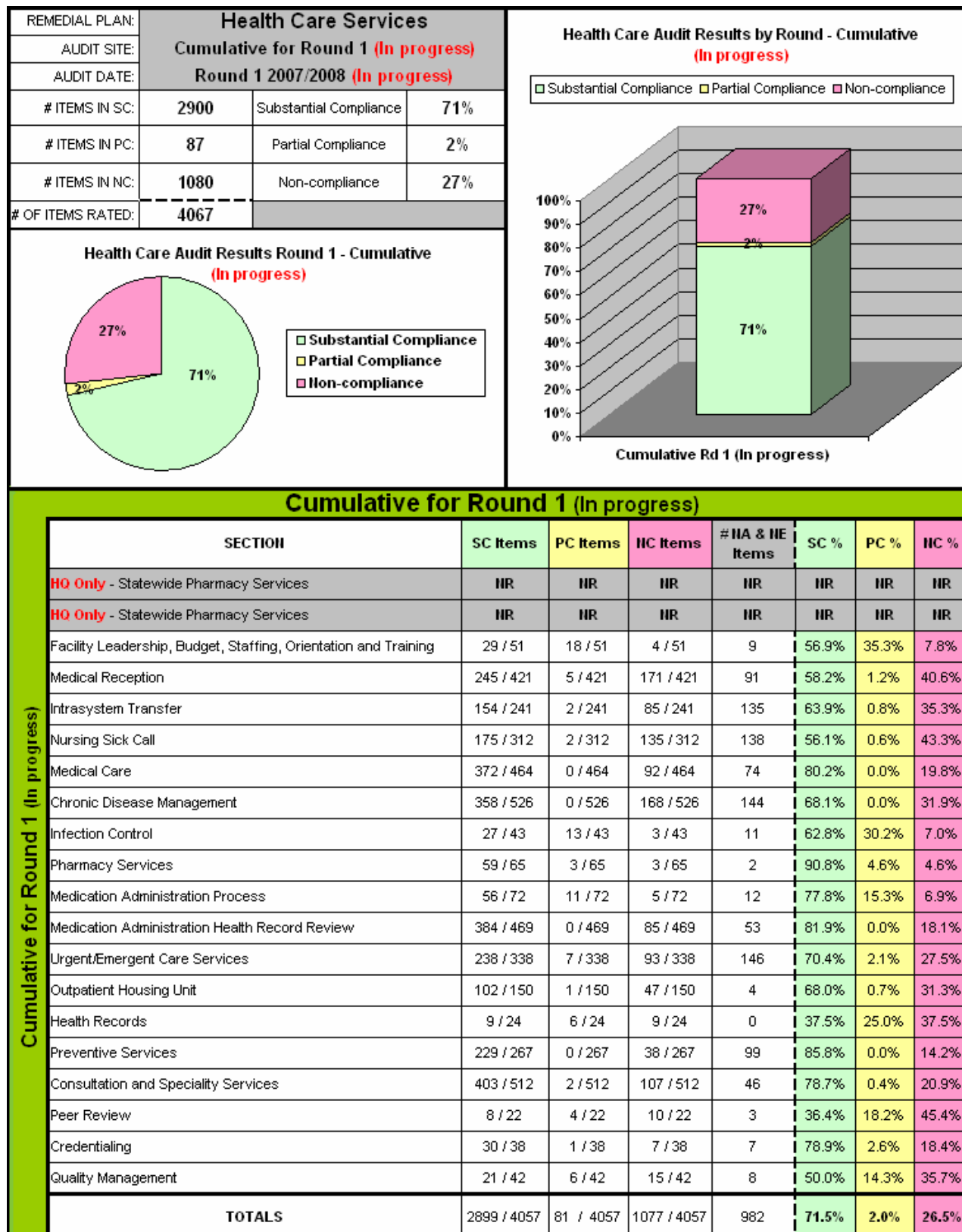


Figure 37: Health Care Services Audit Results – Cumulative

O.H. CLOSE YOUTH CORRECTIONAL FACILITY

The Health Care Experts last audited the O.H. Close Youth Correctional Facility on June 2-4, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below the graphs are the statistical data associated with this audit.

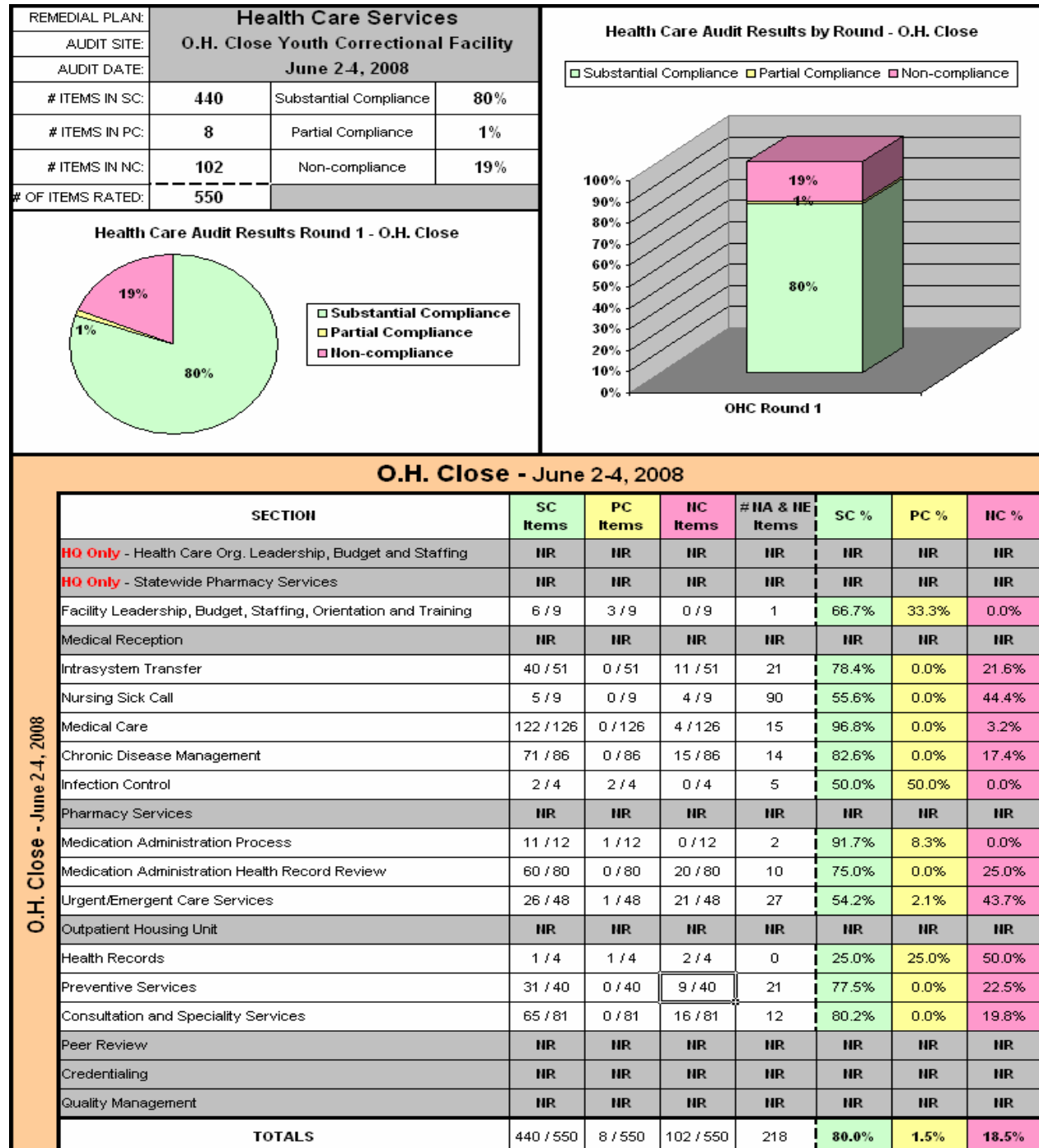


Figure 38: Health Care Services Audit Results – O.H. Close Youth Correctional Facility

N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY

The Health Care Experts last audited the N.A. Chaderjian Youth Correctional Facility on February 25-29, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below the graphs are the statistical data associated with this audit.

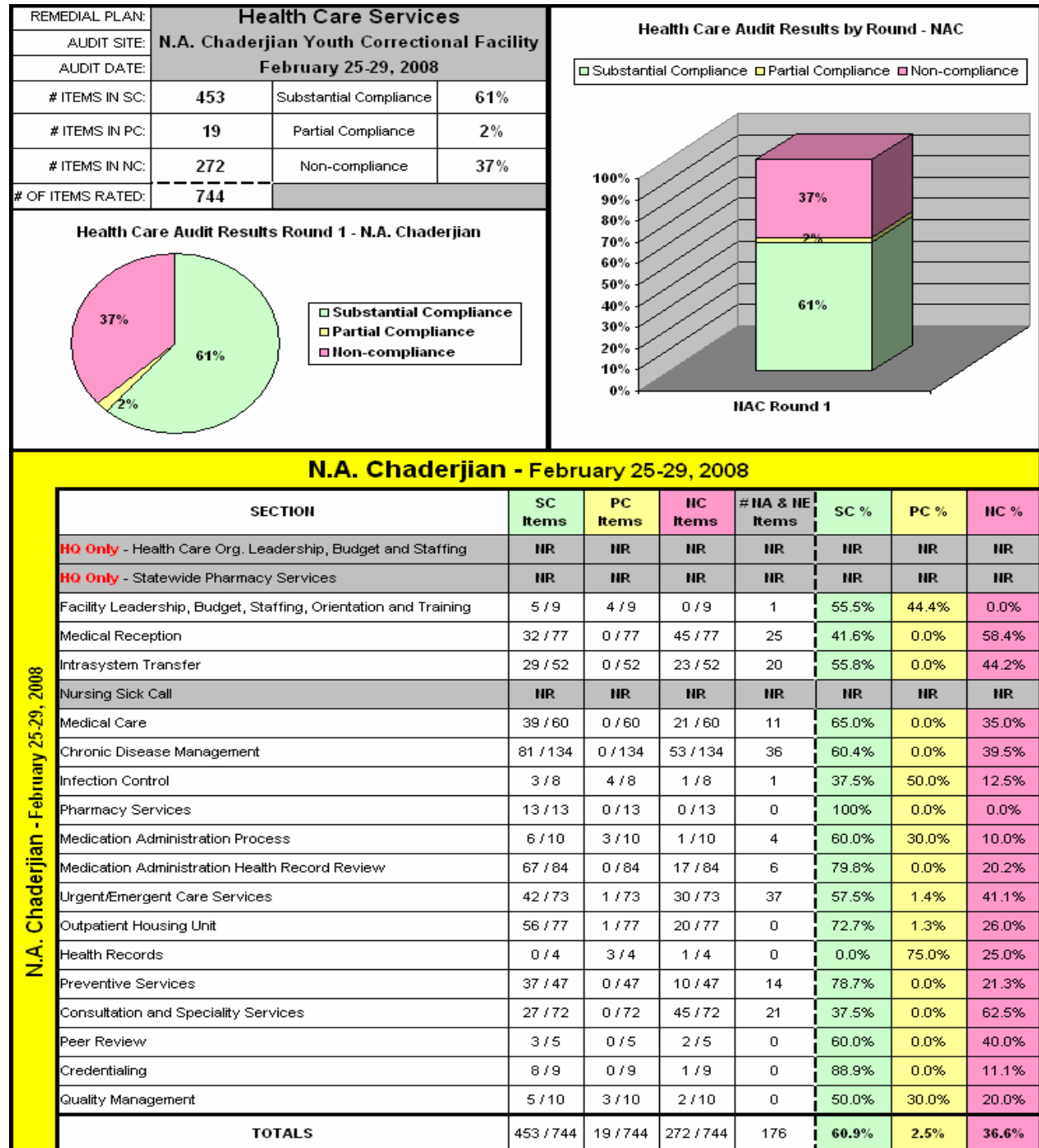


Figure 39: Health Care Services Audit Results – N.A. Chaderjian Youth Correctional Facility

PRESTON YOUTH CORRECTIONAL FACILITY

The Health Care Experts last audited the Preston Youth Correctional Facility on August 25-28, 2008, but DJJ has not yet received the results of this audit. The last audit results DJJ has received for the Preston Youth Correctional Facility was from the Experts' audit on September 5-7, 2007. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these diagrams is the statistical data associated with this audit.

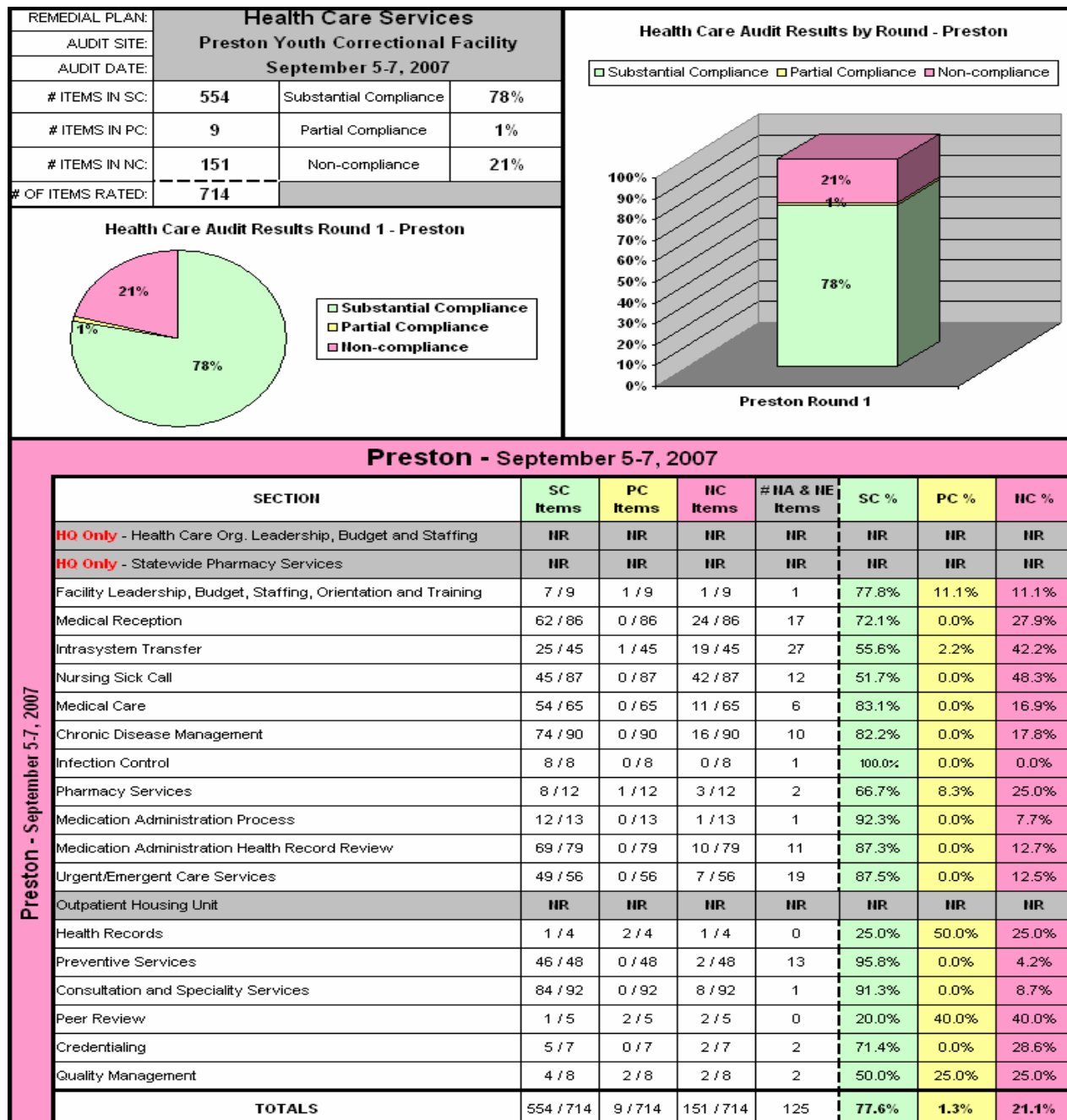


Figure 40: Health Care Services Audit Results – Preston Youth Correctional Facility

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER-CLINIC

The Health Care Experts last audited the Southern Youth Correctional Reception Center-Clinic on January 29-31, 2008. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these diagrams is the statistical data associated with this audit.

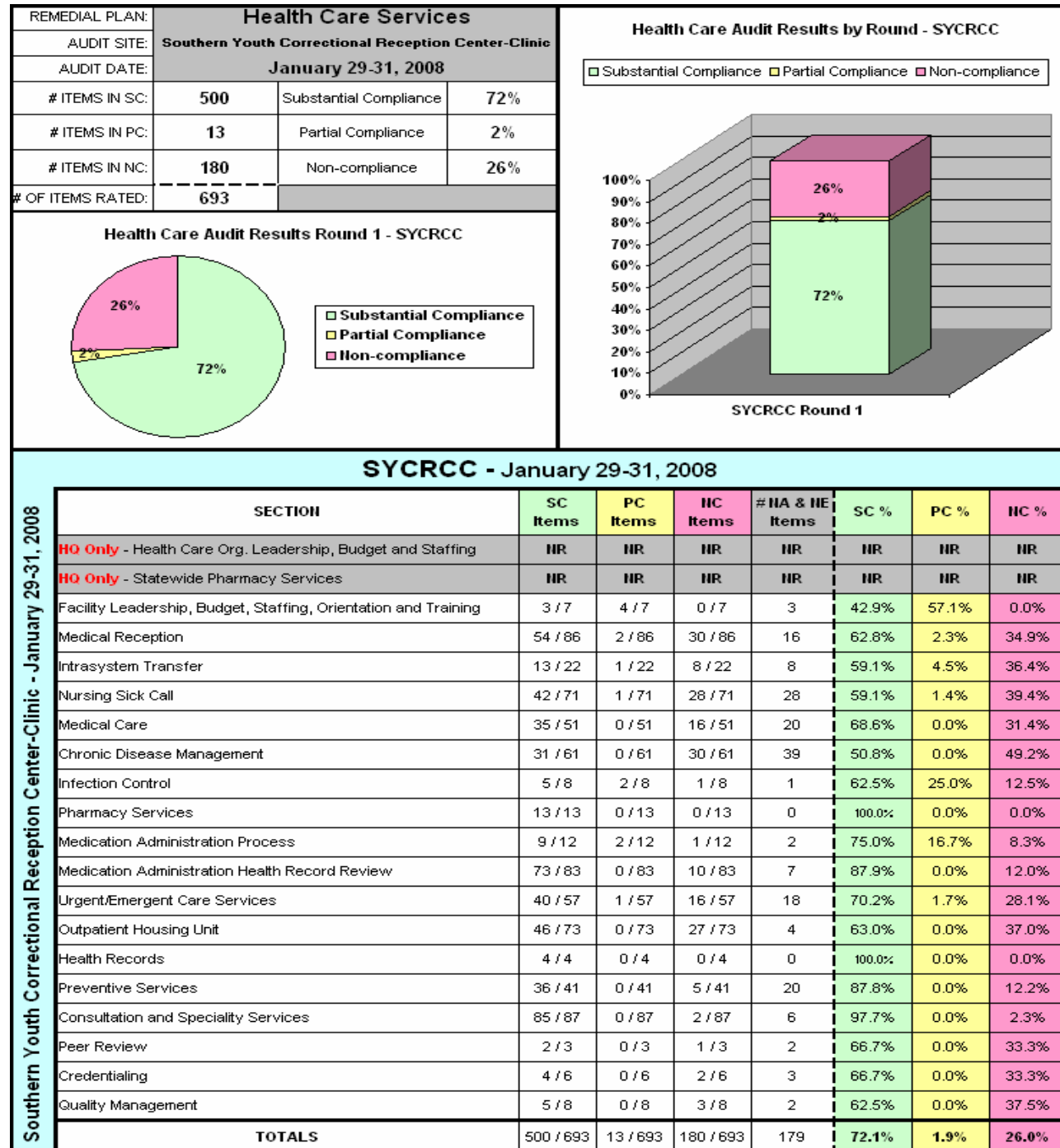


Figure 41: Health Care Services Audit Results – Southern Youth Correctional Reception Center-Clinic

HEMAN G. STARK YOUTH CORRECTIONAL FACILITY

The Health Care Experts last audited the Heman G. Stark Youth Correctional Facility on October 30 through November 2, 2007. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these diagrams is the statistical data associated with this audit.

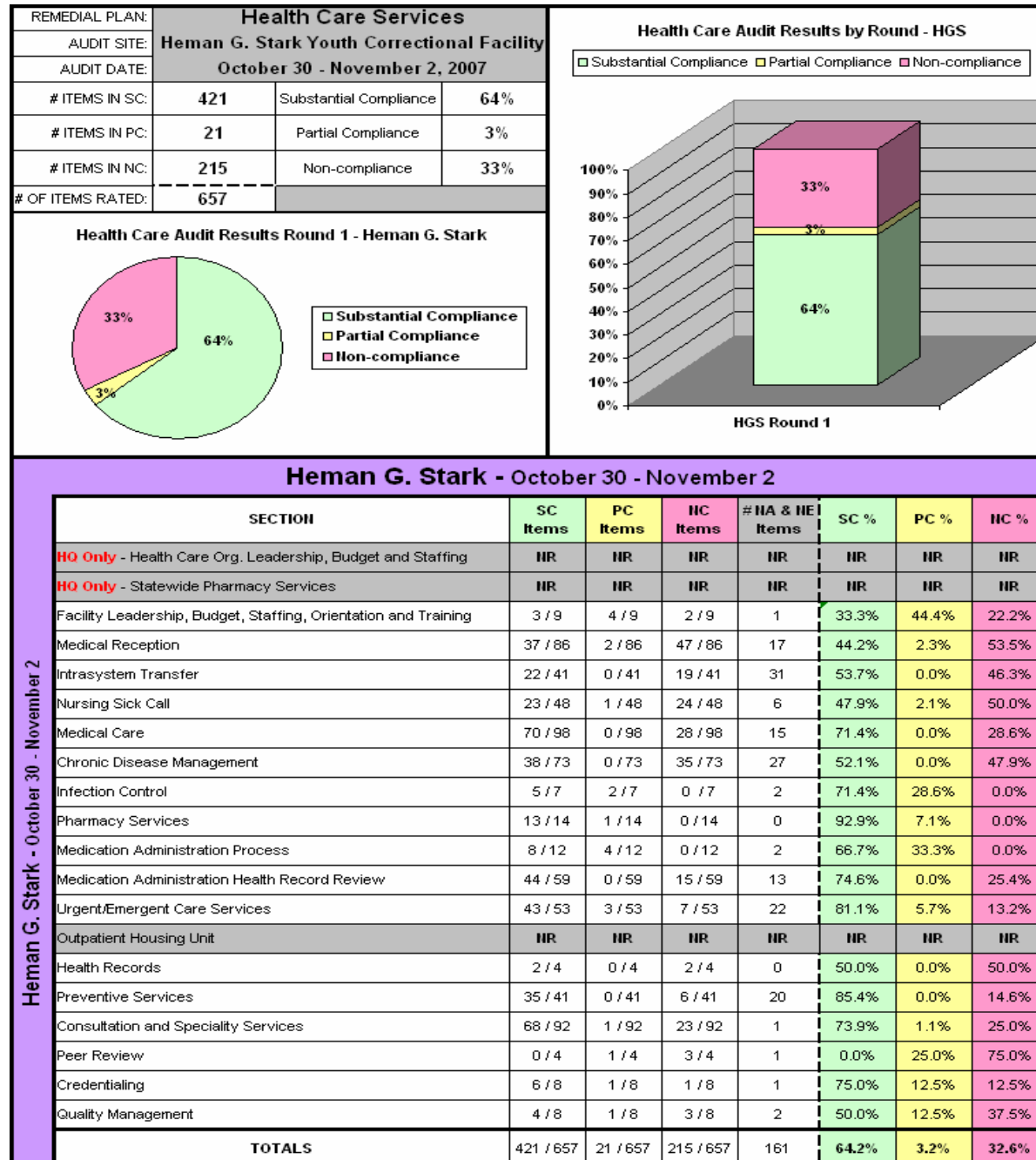


Figure 42: Health Care Services Audit Results – Heman G. Stark Youth Correctional Facility

VENTURA YOUTH CORRECTIONAL FACILITY

The Health Care Experts last audited the Ventura Youth Correctional Facility on December 5-7, 2007. The pie chart below identifies the results from this audit and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these diagrams is the statistical data associated with this audit.

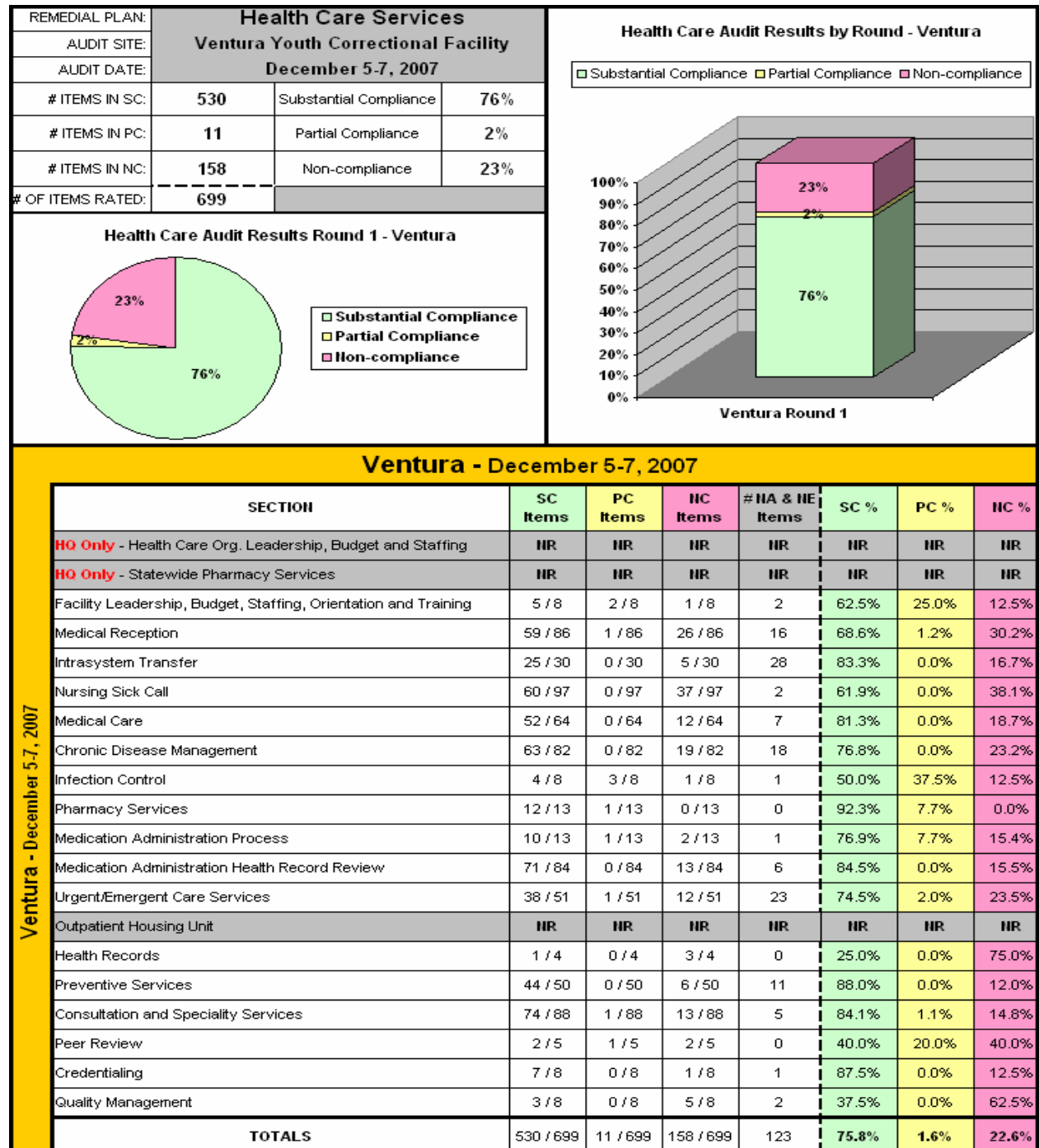


Figure 43: Health Care Services Audit Results – Ventura Youth Correctional Facility

SITE COMPARISON FOR ROUND ONE (in progress)

The chart below identifies the compliance percentages of the six facilities audited by the Health Care Experts during their first round of audits. Also illustrated is the cumulative average of these six audits. The only site missing from making this a complete round of audits is the Health Care Experts' audit report on DJJ Headquarters. DJJ expects to receive this report prior to the next Quarterly Report.

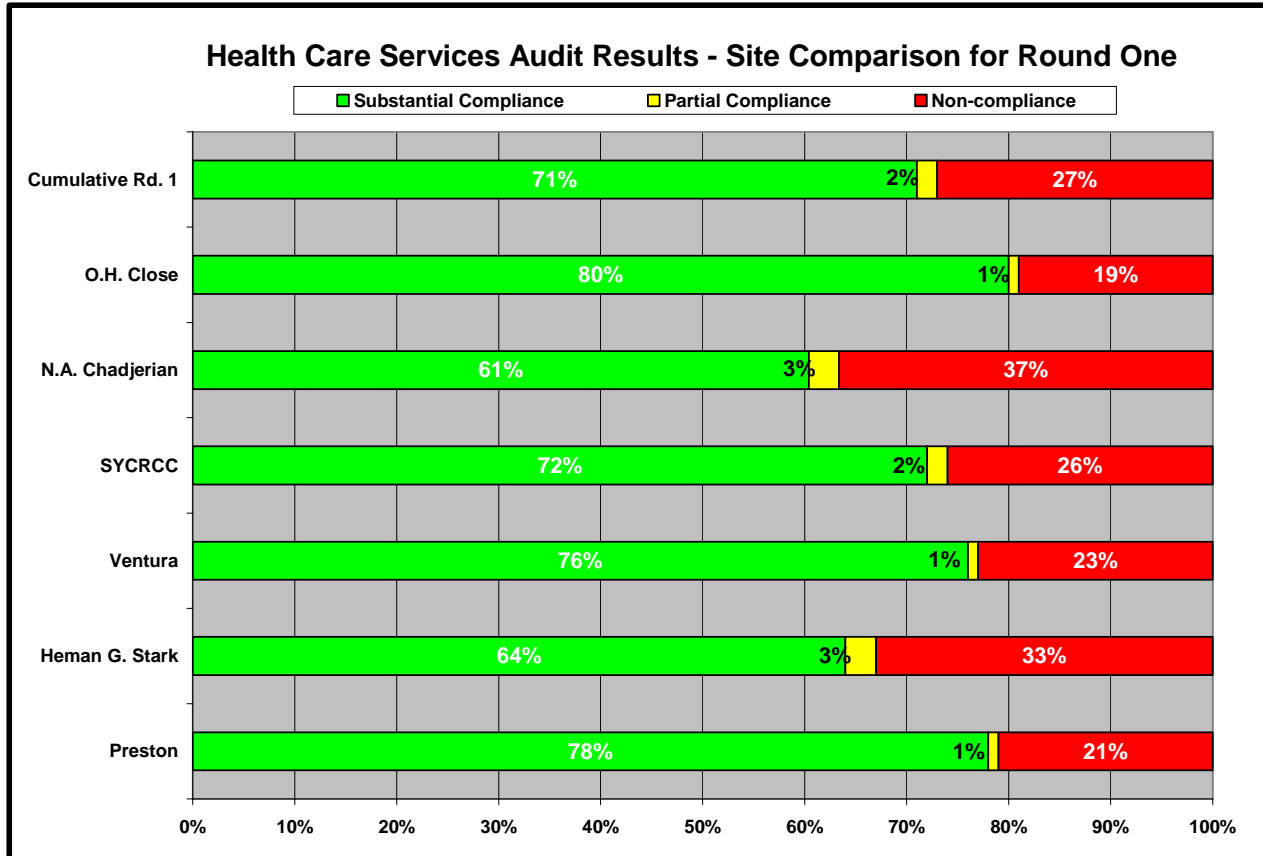


Figure 44: Health Care Services Audit Results – Site Comparison for Round One (in progress)

- Substantial Compliance percentage for the six facilities covers a range of 80% to 61%.
- Non-compliance percentage covers a range of 37% to 19%.
- Partial Compliance percentage covers a range of 3% to 1%.
- Four of the six facilities have a Substantial Compliance percentage of 72% or greater.
- The cumulative compliance averages for all six facilities are as follows:
 - 71% in Substantial Compliance
 - 2% in Partial Compliance
 - 27% in Non-compliance

CUMULATIVE COMPLIANCE BY CATEGORY FOR ROUND ONE (In progress)

The chart below identifies the cumulative compliance percentages for the 18 different categories that are audited by the Health Care Experts during a facility audit.

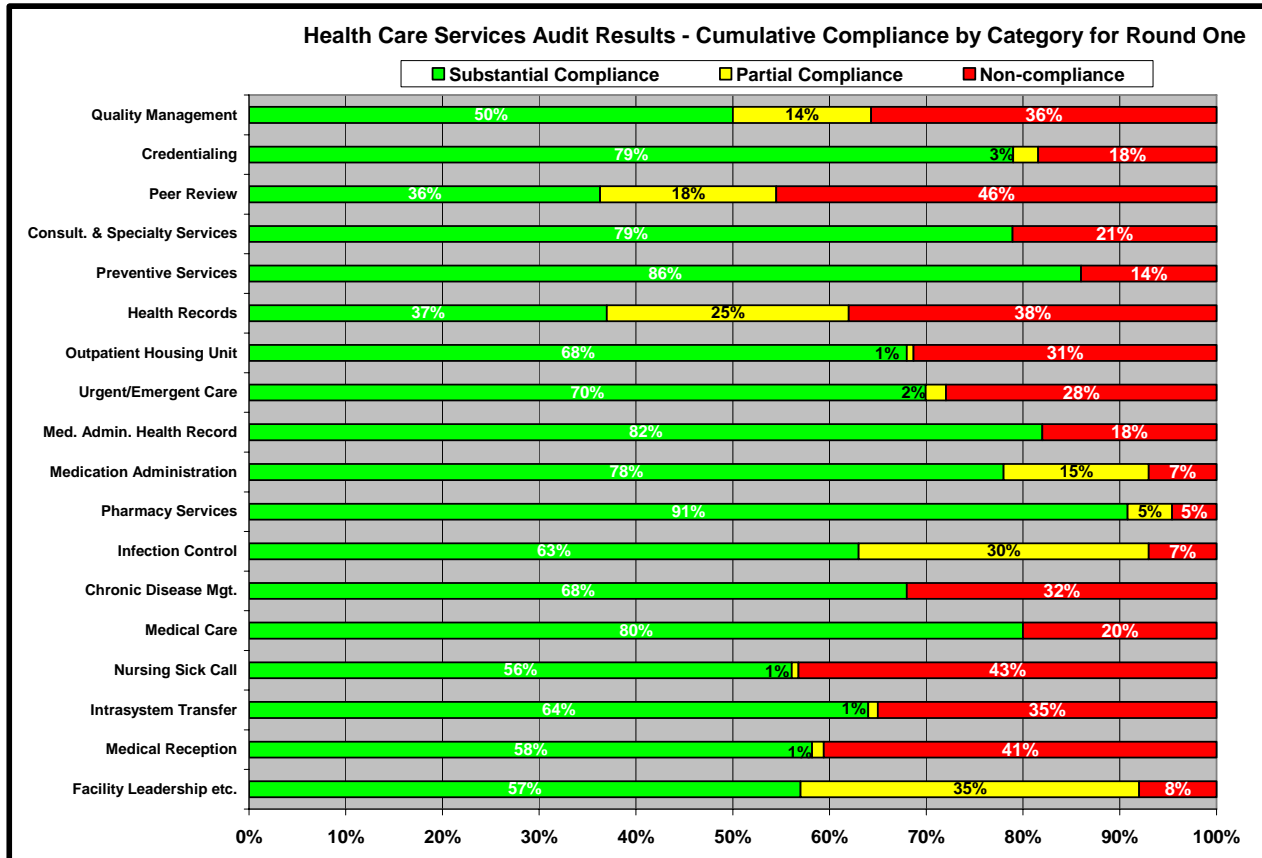


Figure 45: Health Care Services Overall Audit Results – Cumulative Compliance by Category for Round One (in progress)

- Cumulatively, DJJ is averaging 70% or more in Substantial Compliance in eight of the 18 facility categories.
- Three of the 18 facility categories are averaging 82% or more in Substantial Compliance with “Pharmacy Services” averaging the highest at 91%.
- Two of the 18 facility categories are averaging less than 50% in Substantial Compliance: Peer Review (36%) and Health Records (40%). DJJ anticipates that the percentages in these two areas will improve significantly for the next round of audits due to new procedures currently being put in place.
- Four of the 18 facility categories have a Non-compliance percentage of 8% or less.

2.4.4 Expert Feedback

The Health Care Experts have not provided DJJ with an audit report during the period covered by this Quarterly Report.

2.4.5 Status of Specific Action Items

Relieved Items

In the Consent Decree, on page 11, paragraph 23, it states:

“When a facility is found to be in substantial compliance on an issue for one full year, and is found to remain in substantial compliance after review by the relevant expert(s) one year later, expert tours regarding that issue at that facility shall end.”

A “relieved” audit item is the term used when an audit item has met or exceeded the two-year Substantial Compliance threshold, and the appropriate expert has formally noted that the audit item is removed from that expert’s future monitoring.

Currently, none of the Health Care Services audit items meet the time threshold to be deemed relieved by the Health Care Experts.

Audit Items in Substantial Compliance Two Years or Longer

Since this is the Health Care Experts’ first round of audits, there are no audit items that have met this time threshold.

Items Removed from Relieved Status

Since this is the Health Care Experts first round of audits, there are no audit items that have met the time threshold, as identified in the Consent Decree, to be eligible to be relieved from future monitoring at this time.

Statewide Compliance Items

There are 32 action items for which the Health Care Experts have provided Substantial Compliance ratings to each of the applicable facilities audited during the last round of audits. When an action item receives a Substantial Compliance rating for every applicable site that was audited, this is referred to as being in “Statewide Compliance.”

The chart below lists the 32 action items in which every facility that was audited received a Substantial Compliance rating during the last round of audits:

Health Care Services Action Items in Statewide Compliance – Round One			
DJJ #	Item#	Action Item	Deadline
24	Facility Leadership – Question 4	Budgeted and actual physician staffing hours are sufficient to meet policy and procedures requirements, and to provide quality medical services.	N/A
26	Facility Leadership – Question 6	Medical Technical Assistant's (MTA) primary responsibilities will be the performance of health care duties.	N/A
53	Nursing Sick Call – Question 2	Youth can confidentially submit Health Services Request forms (HSRF) daily into a locked box.	N/A
54	Nursing Sick Call – Question 3	Upon request, custody or health care staff assists youth with completion of the HSRFs.	N/A
93	Infection Control – Question 6	Compliance with work practice controls.	N/A
97	Pharmacy Services – Question 1	Is the pharmacy currently licensed?	N/A
101	Pharmacy Services – Question 5	Does the pharmacy have computers and software programs to track medication usage, inventory, cost, drug-drug interactions, and clinical prescribing patterns?	N/A
102	Pharmacy Services – Question 6	Is there a strict accountability for all medications dispensed from the pharmacy, including medications administered from a night locker?	N/A
103	Pharmacy Services – Question 7	Is there a pharmacy system for monitoring patient adverse drug reactions and drug-drug interactions?	N/A
104	Pharmacy Services – Question 8	Does the facility have a 24-hour prescription service or other mechanism to provide essential medications 24 hours per day?	N/A
105	Pharmacy Services – Question 9	Are stock bottles of legend medications kept inside the pharmacy?	N/A
107	Pharmacy Services – Question 11	Are youth with asthma permitted to keep inhalers in their possession? Are youth permitted to keep other medications in their possession as determined by the CMO?	N/A
108	Pharmacy Services – Question 13	The pharmacist provides a monthly report detailing pharmacy utilization costs, drug stop lists, monthly lists of drugs used by class, and daily physician prescribing lists.	N/A
109	Pharmacy Services – Question 14	When a youth paroles, is medication continuity provided in accordance with the policy?	N/A
110	Med. Admin Process – Question 1	Are medications administrated from centralized medication rooms, except in specialized mental health units, SMP, TD, or BTP?	N/A
113	Med. Admin Process – Question 4	Are all medications in the Documented or night locker current and accounted for?	N/A
116	Med. Admin Process – Question 7	The medication room contains no medication that are discontinued or expired.	N/A
118	Med. Admin Process – Question 9	Does the nurse administer all legend medication from properly labeled containers and not from stock bottles?	N/A

Health Care Services Action Items in Statewide Compliance – Round One			
DJJ #	Item#	Action Item	Deadline
121	Med. Admin Process – Question 12	Is the medication refrigerator clean and used only to store medications? Does staff check and log the temperature daily?	N/A
122	Med. Admin Process – Question 13	Medications are not crushed except upon a physician order and for a valid reason. Time-released medications are not crushed.	N/A
148	OHU – Question 4	There is in policy and actual practice a physician on call 24 hours per day, 7 days a week.	N/A
150	OHU – Screen 1	The clinician (MD, NP, PA, or psychologist) wrote or gave verbal order to place the youth in the OHU.	N/A
165	Preventive Services – Screen 2	Annual pap smears were performed (at a minimum) beginning 3 years after initiation of sexual intercourse and 2 consecutive years thereafter. If there are 3 consecutive normal annual pap smears, then they are performed every 3 years thereafter. Management of abnormal pap smears was appropriate, including referral.	N/A
169	Preventive Services – Screen 6	Youth are offered Tetanus-Diphtheria Booster if not received within ten years.	N/A
188	Credentialing – Question 2	Credential files are stored in a locked cabinet with access limited to those with a legitimate need to know.	N/A
189	Credentialing – Question 3	Specific staff are assigned to maintain the credential files.	N/A
191	Credentialing – Question 5	Review of credentialing process listed in question #4 reveals no substantial problems or concerns regarding the clinician's mental fitness, clinical competence, or moral character.	N/A
192	Credentialing – Question 6	Re-credentialing occurs bi-annually. All files are current.	N/A
193	Credentialing – Question 7	Physicians, nurse practitioners, and physician assistants do not begin work until the credentialing process is completed.	N/A
195	Credentialing – Question 9	Physicians treating HIV infected youth are board certified in infectious disease (ID) or have completed a primary care residency with additional HIV related training, and are expected in the treatment of HIV patients.	N/A
198	Quality Management – Question 3	The composition of the institutional QM Committee meetings meets policy requirements.	N/A
199	Quality Management – Question 4	Minutes of the QM Committee are available for review.	N/A

Action Items with Majority Ratings of Non-compliance

The Health Care Experts have completed their facility audits for Round One, and as a result, DJJ is now able to identify the facility action items that were most frequently rated as Non-compliant. This information is useful to DJJ in that it identifies the areas that DJJ must continue to make improvements.

The chart below identifies 27 Health Care Services action items that received a Non-compliance rating for the majority of the ratings it received:

Health Care Services Action Items with Majority of Ratings of Non-compliance – Round One			
DJJ #	Item#	Action Item	Deadline
23	Facility Leadership – Question 4	In both policy and actual practice, the facility is assigned a health care budget that is under the control of the CMO.	N/A
38	Medical Reception – Screen 6	A clinician performed a history and physical including a testicular exam for males and pelvic examination for females (if clinically indicated) within seven calendar days of arrival.	N/A
39	Medical Reception – Screen 7	A clinician (MD, NP, or PA) initiated a Problem List noting all significant medical, dental, and mental health diagnosis.	N/A
40	Medical Reception – Screen 8	A clinician documented an appropriate treatment plan on the History and Physical Exam Form or in the Progress Notes. The plan included appropriate diagnostic, therapeutic measures, patient education, and clinical monitoring (if indicated).	N/A
48	Intrasystem Transfer – Screen 4	The receiving physician reviewed the health record of each youth within one business day of arrival and legibly signed and dated the Intrasystem form. The clinician addressed any significant medical problems.	N/A
51	Intrasystem Transfer – Screen 7	The UHR shows that medical care ordered at the previous facility (e.g., vaccinations, consultations, laboratory tests) was carried out following arrival, or a clinical progress note provided an appropriate rationale for doing otherwise.	N/A
52	Nursing Sick Call – Question 1	There is a local policy and procedure that is consistent with the statewide policy.	N/A
57	Nursing Sick Call – Question 6	All registered nurses conducting sick call have been trained and demonstrate competency in health assessment and use of nursing protocols.	N/A
59	Nursing Sick Call – Question 8	Nurses conduct sick call with, at a minimum, auditory privacy, and also with visual privacy if a physical examination is performed.	N/A
63	Nursing Sick Call – Screen 3	The nursing subjective history was appropriate to the patient's complaint and included a description of onset of symptoms.	N/A
64	Nursing Sick Call – Screen 4	The nursing physical assessment and collection of objective data was appropriate to the complaint (e.g., vital signs, Snellen test, urine dipstick, etc.).	N/A
65	Nursing Sick Call – Screen 5	The nursing diagnosis/assessment was appropriate based on the clinical findings.	N/A
79	Chronic Disease Mgt – Screen 2	For the initial chronic care visit the clinician performed an appropriate medical history, physical examination pertinent to the management of the chronic disease.	N/A
131	Health Record Review – Screen 8	For discontinued medications, the nurse discontinued medications according to policy.	N/A
136	Urgent/Emergent Care – Question 4	There is documentation that health care providers have been trained regarding emergency response.	N/A

Health Care Services Action Items with Majority of Ratings of Non-compliance – Round One			
DJJ #	Item#	Action Item	Deadline
145	OHU – Question 1	There is a local policy and procedure that is consistent with the statewide policy and procedure.	N/A
147	OHU – Question 3	There is a current, standardized nursing procedure manual in the OHU at all times.	N/A
151	OHU – Screen 2	The clinician orders include the initial impression: diagnostic and therapeutic measures, the frequency of vital signs, and other monitoring (e.g., peak flow meter and capillary glucose measurements, etc.), and clinical criteria for notifying the physician (change in clinical status).	N/A
153	OHU – Screen 4	A nurse documented an appropriate initial assessment, plan of care, and patient education (including orientation to the OHU).	N/A
159	Health Records – Question 1	Local policies are consistent with statewide policies and procedures, and address all aspects of health record management.	N/A
167	Preventive Services – Screen 4	A nurse measures the youth weight annually. Obesity is addressed if clinically indicated (BMI >24 %).	N/A
182	Peer Review – Question 1	The local peer review policy and procedure, and actual practice are consistent with the statewide policy and procedure.	N/A
183	Peer Review – Question 2	The Statewide DJJ Medical Director, Health Care Director, or clinical service chief monitors the peer review process, which includes regular reporting from the facilities on peer review activities and regular quality management meetings at least annually.	N/A
187	Credentialing – Question 1	The local credential policies and procedures, and actual practice are consistent with statewide policies and procedures.	N/A
200	Quality Mgt – Question 5	QM studies for the previous 2 quarters from the date of the last audit are available for review.	N/A
203	Quality Mgt – Question 8	Physician Chart Reviews.	N/A
205	Quality Mgt – Question 10	On at least an annual basis, the Chief Medical Officer develops a Quality Management report for the Statewide Medical Director.	N/A

2.4.6 Proof of Practice

The following chart identifies Health Care-related Proof of Practice documents that have been sent to the Health Care Experts and the Special Master during the last quarter. The Proof of Practice documents provide evidence of DJJ's efforts to come into compliance with the identified action items within each *Farrell* Remedial Plan.

Health Care Services Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Section	Audit Item Description	Documents Submitted	Date
179	Nursing Sick Call	Numerous audit items within each of the four categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed April 2008. The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains forty-one total pages, including the coversheet.	7/11/08
	Infection Control			
	Chronic Disease Management			
	Urgent/Emergent Care			
180	Nursing Sick Call	Numerous audit items within each of the three categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed May 2008. The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains twelve total pages, including the coversheet.	7/11/08
	Medication Administration			
	Health Records			
181	Nursing Sick Call	Numerous audit items within each of the five categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed June 2008. The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains nineteen total pages, including the coversheet.	7/11/08
	Chronic Disease Management			
	Urgent/Emergent Care			
	Infection Control			
	Health Records			
183	Nursing Sick Call	Numerous audit items within each of the two categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed March 2008." The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains eight total pages, including the coversheet.	7/11/08
	Medication Administration			
184	Nursing Sick Call	Numerous audit items within each of the two categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed February 2008." The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains 14 total pages, including the coversheet.	7/11/08
	Medication Administration			
185	Nursing Sick Call	Numerous audit items within each of the three categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed January 2008." The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains 20 total pages, including the coversheet.	7/11/08
	Medication Administration			
	Urgent/Emergent Care			

Health Care Services Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Section	Audit Item Description	Documents Submitted	Date
186	Nursing Sick Call	Numerous audit items within each of the three categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet entitled, "Nursing Services, Health Care Services Training Classes completed from July to December 2007." The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. The packet contains 21 total pages, including the coversheet.	7/11/08
	Medication Administration			
	Urgent/Emergent Care			
207	Medical Reception	Numerous audit items within each of the eight categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	Information requested by Madeleine LaMarre: 1 – Health Care Services Statewide Quality Management meeting minutes (09/18/07, 12/12/07, 03/12/08) (6 pages); 2 – Health Care Services Quality Management Plan (5 pages); 3 – Corrective Action Plan and Charts, Preston (12 pages); 4 – Corrective Action Plan, Heman G. Stark (5 pages); 5 – Corrective Action Plan and Charts, Ventura (10 pages); 6 – Corrective Action Plan and Charts, SYCRCC (10 pages); 7 – Corrective Action Plan and Charts, N.A. Chaderjian (11 pages).	8/11/08
	Intrasystem Transfer Summary			
	Nursing Sick Call			
	Medical Care			
	Chronic Disease Management			
	Medical Administration			
	Urgent/Emergent Care			
	Consultation and Specialty Services			
212	Health Care Organization, Leadership, Budget, and Staffing	Numerous audit items within each of the two categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	1 – Series of exchanged electronic messages between Cathy Ruebusch and Madeleine LaMarre, Health Care Expert, from July 30, 2008, through July 31, 2008, in response to the Expert's inquiry about Proofs of Practice, #s 179 thru 185 (except 182) (2 pages); 2 – "Physical Assessment for Correctional Nurses: Accepting the Challenge of Working with High Risk Juvenile Detainees" Instructor Guide (February 2008) (97 pages); 3 – "Physical Assessment for Correctional Nurses: Accepting the Challenge of Working with High Risk Juvenile Detainees" Student Workbook (February 2008) (79 pages).	8/14/08
	Facility Leadership			
216	Facility Leadership, Budget, Staffing, Orientation, and Training	Numerous audit items within each of the six categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	Revised draft of Outpatient Housing Unit (OHU) policy, Section 6246.5, submitted by Robert E. Morris, M.D., who requests review and feedback on draft. PLEASE NOTE: DJJ respectfully requests review and comment from the Health Care Services Experts by COB on August 29, 2008.	8/14/08
	Medical Reception			
	Nursing Sick Call			
	Medical Care			
	Medication Administration			
	Outpatient Housing Unit			

Health Care Services Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Section	Audit Item Description	Documents Submitted	Date
219	Facility Leadership, Budget, Staffing, Orientation, and Training	Numerous audit items within each of the four categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	Revised draft of Immunization Policy (CN 417) (8 pages). PLEASE NOTE: DJJ respectfully requests expedited review and suggestions from the Health Care Services Experts as well as from Plaintiff's Counsel. It is asked that these parties submit their suggested revisions to DJJ by Friday, August 22, 2008 .	8/20/08
	Medical Reception			
	Preventive Services			
	Quality Management			
223	Facility Leadership, Budget, Staffing, Orientation, and Training	Numerous audit items within each of the three categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	Draft policy for "Vision Testing and Eye Glasses Procurement" (CN 402) (6 pages). PLEASE NOTE: DJJ respectfully requests expedited review and suggestions from the Health Care Services Experts as well as from Plaintiff's Counsel. It is asked that these parties submit their suggested revisions to DJJ by Friday, September 5, 2008 .	8/26/08
	Medical Reception			
	Quality Management			
224	Quality Management	Numerous audit items within each of the three categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	1 – Draft policy entitled "Medical Emergency Response Plan (Disaster Preparedness)" (16 pages); 2 – "Disaster Drill Check Sheet" (6 pages). PLEASE NOTE: DJJ respectfully requests expedited review and suggestions from the Health Care Services Experts. It is asked that these parties submit their suggested revisions to DJJ by Friday, September 5, 2008 .	8/26/08
	Health Care Organization, Leadership, Budget, and Staffing			
	Facility Leadership, Budget, Staffing, Orientation, and Training			
227	Nursing Sick Call	Numerous audit items within each of the three categories identified above. Due to the wide scope of these trainings, there may be other audit items addressed in other categories other than what are listed above.	A packet of training sign-in sheets with an attached coversheet (1 page) entitled, "Nursing Services, Health Care Services Training Classes completed July 2008." The coversheet identifies the type of training provided, where the training was conducted, the duration of the training, and the dates the training was provided. Attached are the appropriate sign-in sheets (6 pages) for each of the classes listed.	9/2/08
	Medication Administration			
	Chronic Disease Management			

Health Care Services Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Section	Audit Item Description	Documents Submitted	Date
253	N/A	N/A	<p>1 – Draft of newly revised document entitled, “Key Audit Items – Health Care Services: Reporting Tool Implied by Expert’s Identification of Top Priority Items” (1 page).</p> <p>These documents are being submitted to the HCS Expert as well as the Special Master to allow both the opportunity to review and provide feedback to DJJ as to whether the documents correctly identify the items that DJJ should give top priority and the criteria on which each audit item will be tested.</p> <p>These key audit items were updated as a result of an agreement between DJJ and the Special Master and Experts to capture critical audit items that should receive top priority. As part of the agreement, the Special Master and the HCS Expert are to review this document and provide any feedback that they so desire.</p> <p><u>PLEASE NOTE:</u> DJJ respectfully requests that the feedback be provided no later than the close of business of Tuesday, October 15, 2008.</p>	10/1/08
260	Facility Leadership, Budget, Staffing, Orientation, and Training	Numerous audit items within each of the categories identified here. Due to the wide scope of this policy, there may be other audit items addressed in other categories other than what are listed herein.	<p>1 – Memorandum dated September 25, 2008, from Robert E. Morris, Health Care Director, to Logan Hopper, Disability Expert; Joseph Goldenson, Health Care Services Expert; and Madeleine LaMarre, Health Care Services Expert, subject: “Mr. Hopper’s Comments Regarding the Vision Testing and Eyeglasses Procurement Policy” (2 pages); 2 – Revised draft that includes tracked changes of DJJ’s “Vision Testing and Eye Glasses Procurement” Policy (7 pages).</p>	10/1/08
	Medical Reception		<p>As the memorandum contained in these documents states, the Vision Testing and Eye Glasses Procurement Policy has been updated in response to comments and feedback that Mr. Hopper, the Wards with Disabilities Program (WDP) Expert, provided to DJJ. The version of the policy that Mr. Hopper reviewed was one that had already revised due to feedback that the Health Care Services (HCS) Experts had already provided at that point.</p>	
	Quality Management		<p>Thus, the policy draft submitted with this Proof of Practice is being presented to both the WDP and the HCS Experts for final review.</p> <p><u>Please Note:</u> DJJ kindly requests that the below-named Experts provide their feedback on this policy draft by the close of business of Friday, October 17, 2008.</p>	

Health Care Services Proof of Practice Documents Submitted During the Last Quarter				
PoP #	Section	Audit Item Description	Documents Submitted	Date
264	Health Care Organization, Leadership, Budget, and Staffing	"The DJJ organizational structure has established a centralized model for health care delivery, supervision, and oversight. Health Care Services has authority over personnel decisions, including decisions to hire, promote, and discipline staff."	<p>1 – Final organizational chart for DJJ's Headquarters' Health Care Services (1 page).</p> <p>This document is being provided to the Health Care Services Experts for their review and to provide them with an understanding of the organizational structure of the Health Care Services office at Headquarters.</p>	10/15/08
266	Health Care Organization, Leadership, Budget, and Staffing	"The DJJ organizational structure has established a centralized model for health care delivery, supervision, and oversight. Health Care Services has authority over personnel decisions, including decisions to hire, promote, and discipline staff."	<p>1 – Organizational chart for Preston YCF's Health Care Services (1 page); 2 – Organizational chart for Northern California Youth Correctional Center's Health Care Services (1 page); 3 – Organizational chart for Heman G. Stark YCF's Health Care Services (1 page); 4 – Organizational chart for Southern Youth Correctional Reception Center and Clinic's Health Care Services (1 page); 5 – Organizational chart for Ventura YCF's Health Care Services (1 page).</p> <p>These documents are being submitted to the Health Care Services Experts for their review and to provide them with an understanding of the organizational structure of Health Care Services at the facility level for each of the five (5) above-named facilities.</p>	10/15/08
272	Health Care Organization, Leadership, Budget, and Staffing	"The DJJ organizational structure has established a centralized model for health care delivery, supervision, and oversight. Health Care Services has authority over personnel decisions, including decisions to hire, promote, and discipline staff."	<p>1 – Health Care organizational chart for Preston Youth Correctional Facility (YCF) demonstrating the clinical supervisory link for this particular facility (1 page); 2 – Health Care organizational chart for Southern Youth Correctional Reception Center and Clinic (SYCRCC) (1 page).</p> <p>These organizational charts are being provided to the Health Care Services Experts based on their request to view the organizational structure of Health Care Services at the facility level and, in particular, the clinical supervisory links for each facility. Attached to this Proof of Practice are such charts for Preston YCF and for SYCRCC.</p>	10/22/08

2.4.7 Summary and Application of Audit Findings

DJJ is currently awaiting receipt of the Health Care Experts' audit report for DJJ Headquarters as well as their first Annual Report. Another element that will be added to this section in the future is information regarding the compliance data for Dental Services. It was anticipated that this information would have been included in this Quarterly Report, but the parties have not yet reached a formal agreement regarding the Dental Services audit tool. Once this audit tool is fully approved and implemented, this will provide another means by which to measure DJJ's progress of providing mandated and quality health care services to the youth under its care.

2.5 Safety & Welfare Remedial Plan Compliance Status

2.5.1 Historical Audit Perspective

Court Filings

The Safety & Welfare Remedial Plan was filed with the Court on July 10, 2006. The audit tool (Standards & Criteria) was filed with the Court on October 31, 2006.

Audit Tool

The Safety & Welfare audit tool contains 227 action items, 225 of which have a deadline for implementation. The two action items that do not have a deadline are Section 8.4, Item 3, and Section 8.5, Item 13. Both of these action items read, "Assistance to youth with disabilities." To date, neither of these audit items have received a compliance rating from the Safety & Welfare Expert.

The 227 action items associated with the Safety & Welfare Remedial Plan represent the highest number for any *Farrell* audit tool. However, in terms of audit items, the Safety & Welfare Remedial Plan has only the third most, with the Health Care Services and Education Services Remedial Plans having more. With the six DJJ facilities, the Safety & Welfare audit tool has 661 audit items connected to its 227 action items.

There are two unique aspects shared by both the Safety & Welfare audit tool and the Mental Health audit tool that are not shared with the other four *Farrell* Remedial Plans' respective audit tools. Specifically, the Safety & Welfare and Mental Health audit tools may contain staggered deadlines within a specific action item. This accounts for the phasing-in of reform-related tasks at each facility. The second aspect is that there are different sets of Court monitors who are responsible for auditing various audit items within these two audit tools.

In the Safety & Welfare audit tool, either the Safety & Welfare Expert, the Office of the Special Master, or the Mental Health Experts may be identified as the party responsible for providing compliance ratings to specific action items.

The Safety & Welfare audit tool is a complex document, but it clearly identifies who is required to monitor what, where, and for the most part, when. However, despite the fact that the delegation of monitoring duties is fairly clear, there still appears to be some confusion among the parties as to who monitors what and where. It would be very useful to DJJ if the various parties who are required to monitor the Safety & Welfare Remedial Plan would adhere to the audit tool that was filed with the Court or, conversely, work cooperatively with DJJ to develop a more standardized and collaborative approach that will eliminate confusion and keep DJJ better apprised of what will be monitored and by whom.

Audit Tool Breakdown

Audit Item Numbers Based on Six Facilities	Filing Dates		"Action Items"			"Audit Items"		
	Remedial Plan	Audit Tool	# of Action Items with a Deadline	# of Action Items without a Deadline	Total # of Action Items	# of Audit Items with a Deadline	# of Audit Items without a Deadline	Total # of Audit Items
Safety & Welfare	7/10/06	10/31/06	225	2	227	772	18	790

Audit History

Commencing with the filing of the audit tool in October 2006 and through November 2007, the Safety & Welfare Expert made five different facility site visits to a total of three facilities: Heman G. Stark Youth Correctional Facility (three site visits), N.A. Chaderjian Youth Correctional Facility (one site visit), and the Preston Youth Correctional Facility (one site visit). The Safety & Welfare Expert submitted a narrative report dated September 7, 2007, after commencing these visits and reported on findings from meetings held at DJJ Headquarters. However, the Safety & Welfare Expert report did not provide specific compliance ratings to specific action items; therefore, DJJ could not quantify the information in an objective manner. However, since the commencement of the Round One audits, with the November 2007 audit of the El Paso de Robles Youth Correctional Facility, the Safety & Welfare Expert's audit reports have aligned with the Safety & Welfare audit tool. To date, DJJ has received Round One audit reports for all of its facilities with the exception of the Heman G. Stark Youth Correctional Facility and DJJ Headquarters.

After reviewing the Safety & Welfare audit reports received to date, DJJ requested clarification from the Safety & Welfare Expert on some of the audit items that did not receive Substantial Compliance ratings. Specific feedback from the Safety & Welfare Expert is required for DJJ to determine what actions are needed to obtain Substantial Compliance on these audit items. DJJ has developed a draft document which attempts to identify what documentation would be necessary to determine Substantial Compliance. DJJ has scheduled a meeting with the Safety & Welfare Expert for mid-December to go over this document and make any necessary modifications based on the Expert's feedback.

The chart below provides a more detailed schedule of the audits conducted to date by the Safety & Welfare Expert. The Safety & Welfare Expert scheduled a visit to audit the Heman G. Stark Youth Correctional Facility on April 15 and 16, 2008, but was called away from the site before the audit could be completed.

	ROUND ONE	ROUND TWO		ROUND THREE	
Facility	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
El Paso de Robles	Nov. 7-9, 2007	N/A	N/A	N/A	N/A
Ventura	Mar. 5-6, 2008	N/A	N/A	N/A	N/A
SYCRCC	Mar. 20-21, 2008	N/A	N/A	N/A	N/A
Heman G. Stark	April 15, 2008	N/A	N/A	N/A	N/A
N.A. Chaderjian	April 2-4, 2008	N/A	N/A	N/A	N/A
O.H. Close	Jan. 28-29, 2008	N/A	N/A	N/A	N/A
Preston	May 27-29, 2008	N/A	N/A	N/A	N/A

Future Audit Schedule

To date, the Safety & Welfare Expert has not provided DJJ with audit dates for either the Heman G. Stark Youth Correctional Facility or DJJ Headquarters and has not submitted a schedule for his next round of audits. However, DJJ plans to identify future audit dates when the Safety & Welfare Expert meets with DJJ Headquarters staff for a meeting in mid-December.

2.5.2 Most Recent Audit Findings

Audit Reports Received During Last Quarter

DJJ has not received any audit reports from the Safety & Welfare Expert or any other monitor of the Safety & Welfare Remedial Plan during the last quarter.

2.5.3 Safety & Welfare Audit Results

Audit Results Introduction

The Safety & Welfare charts on the following pages document the most up-to-date compliance ratings for each site audited by the Office of the Special Master and the Safety & Welfare Expert. These charts also include the cumulative results of the most recent audits as well as a comparison of a facility's prior audit results in previous rounds. Since this is the first round of audits, the comparison bar graph will illustrate the same audit results as that of the pie chart. Attached to these charts are the statistical data for each audit performed for the identified facility.

The percentages identified in the charts on the following pages have been rounded off and therefore, may have a slight variance of no more than 1% of either less than or greater than 100%. For example, in adding up the different compliance percentages, the sum total for a given item could either be 99%, 100%, or 101% due to the rounding off process.

To help fully understand the charts on the following pages, the items below are more clearly defined:

- **SC** = Substantial Compliance
- **PC** = Partial Compliance
- **NC** = Non-compliance
- **N/A** = Not Applicable
- **Numbers in red font** = A negative number denoting a decrease in a compliance percentage.
- **Raw %** = The compliance percentages with the N/A items included in the calculations.
- **Adjusted %** = The compliance percentages with the N/A items excluded from the calculations.

CUMULATIVE RESULTS

The pie chart below identifies the cumulative averages for all of the compliance data received to date from the Safety & Welfare Expert's current round of audits plus any compliance ratings provided by the Office of the Special Master. This data represents an incomplete round of audits as the Safety & Welfare Expert has yet to audit the Heman G. Stark Youth Correctional Facility and DJJ Headquarters. The bar graph on the right compares the cumulative percentages from the different rounds of audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this round of audits.

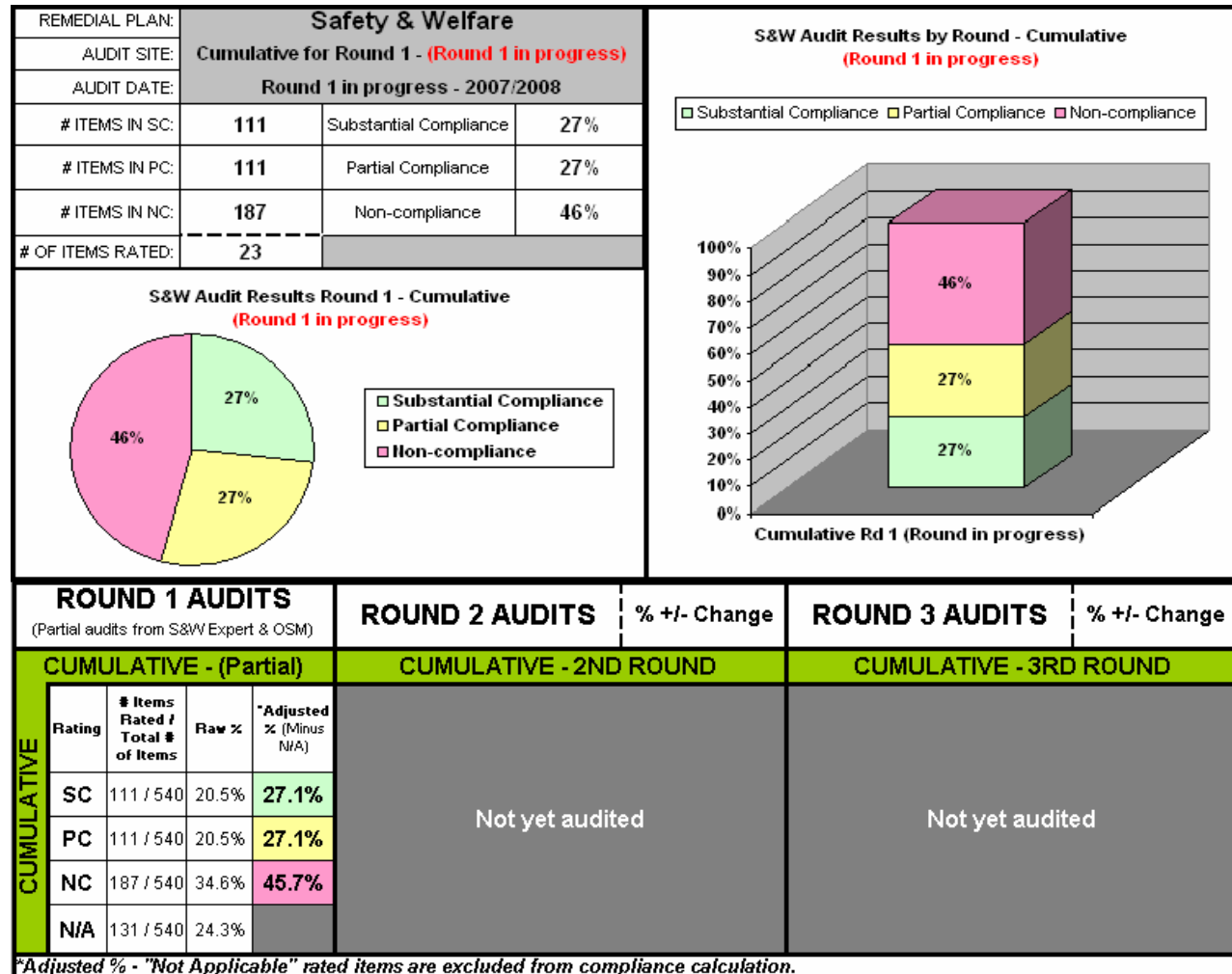


Figure 46: Safety & Welfare Audit Results – Cumulative

- The cumulative Substantial Compliance average to date is 27%.
- The cumulative Non-compliance average to date is 46%.
- The cumulative average when combining the Substantial Compliance percentage with the Partial Compliance percentage totals 54%.

N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert last audited the N.A. Chaderjian Youth Correctional Facility on April 2-3, 2008. The pie chart below identifies the results from this audit plus any compliance ratings provided by the Office of the Special Master. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this audit.

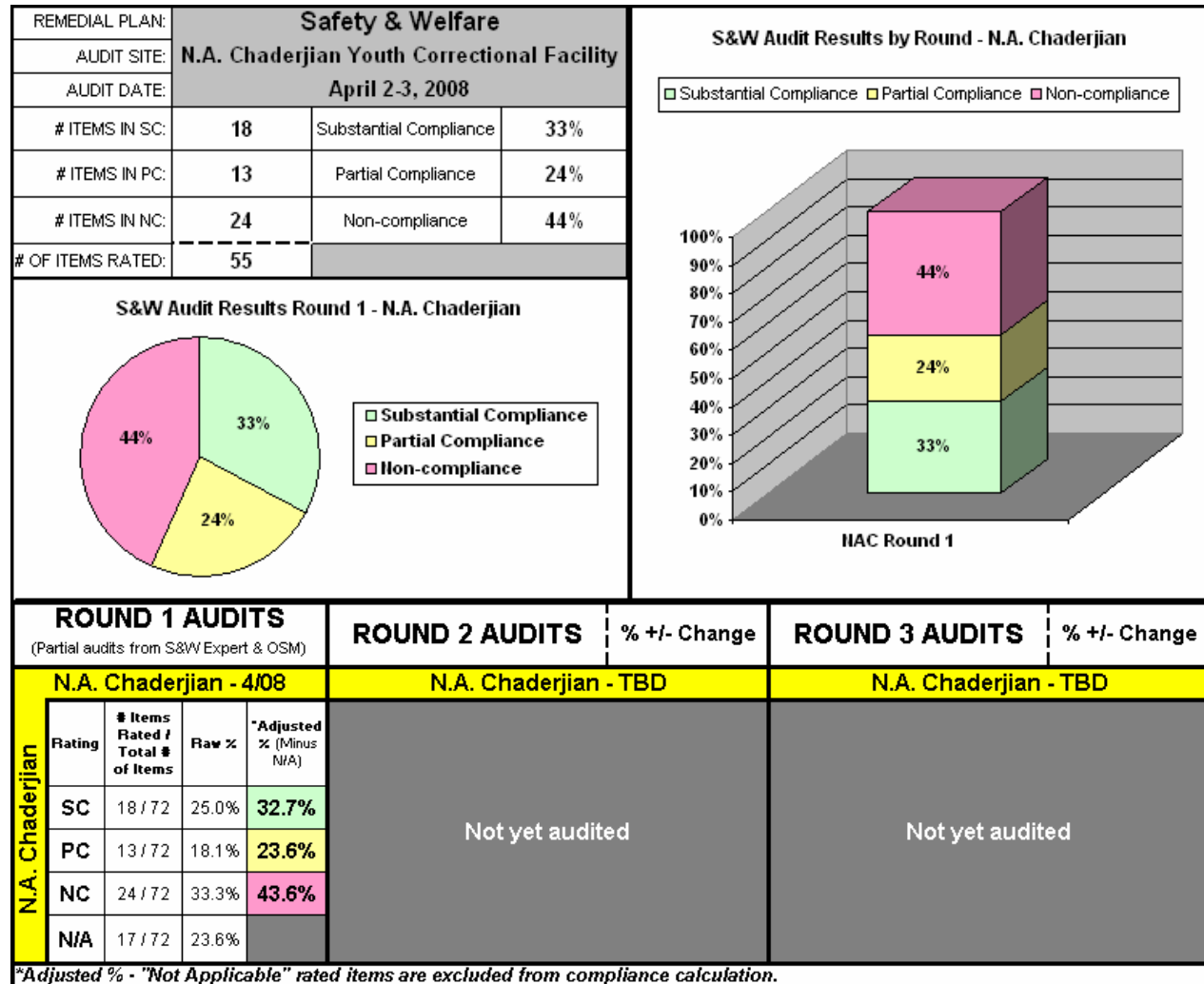


Figure 47: Safety & Welfare Audit Results – N.A. Chaderjian Youth Correctional Facility

- The facility's Substantial Compliance percentage is 33%.
- The facility's Non-compliance percentage is 44%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 57%.

O.H. CLOSE YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert last audited the O.H. Close Youth Correctional Facility on January 28-29, 2008. The pie chart below identifies the results from this audit plus any compliance ratings provided by the Office of the Special Master. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this audit.

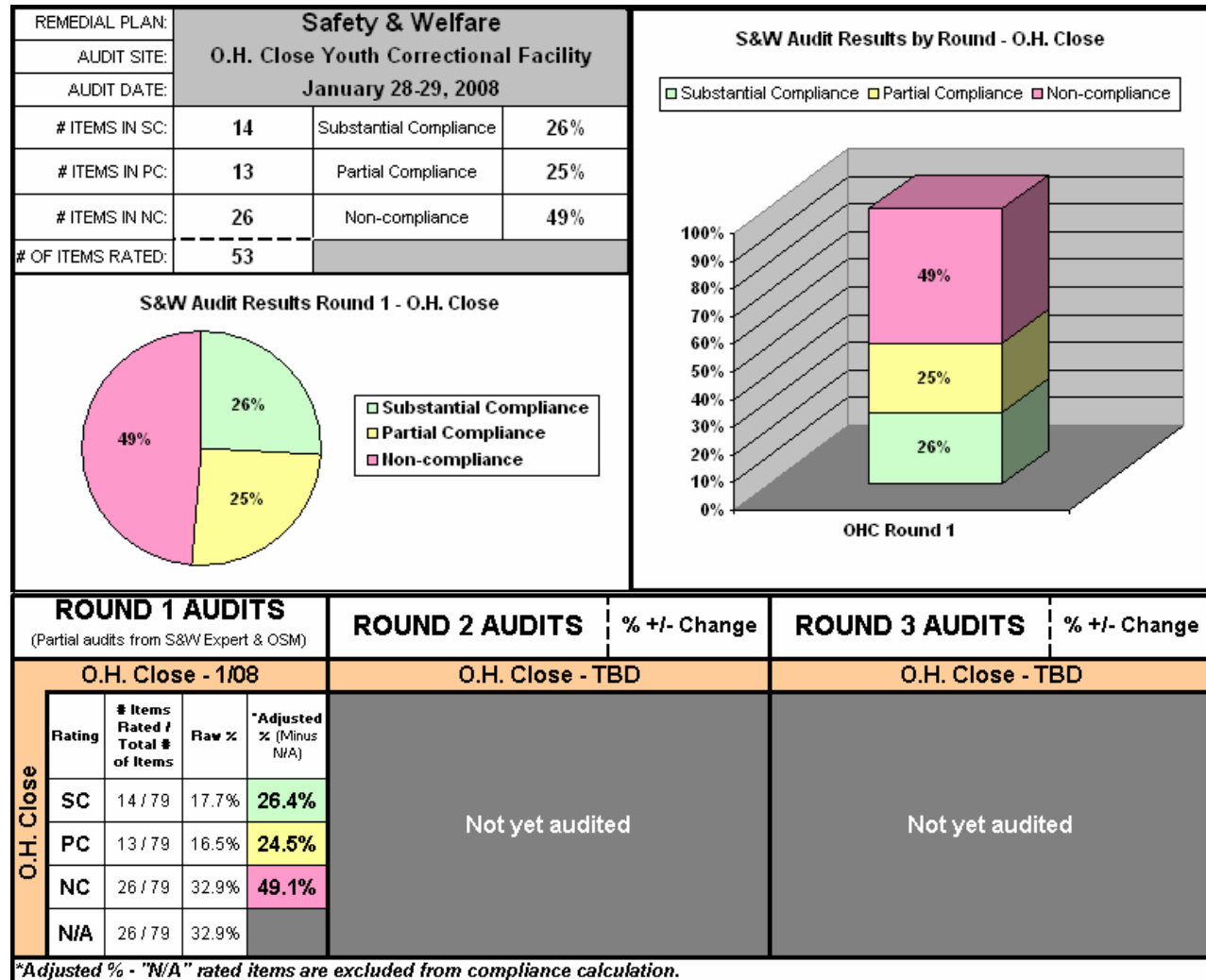


Figure 48: Safety & Welfare Audit Results – O.H. Close Youth Correctional Facility

- The facility's Substantial Compliance percentage is 26%.
- The facility's Non-compliance percentage is 49%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 51%.

HEMAN G. STARK YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert has not yet audited the Heman G. Stark Youth Correctional Facility. The compliance ratings below are those provided from the Office of the Special Master. The pie chart below identifies the results received to date and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with the limited amount of compliance data received to date.

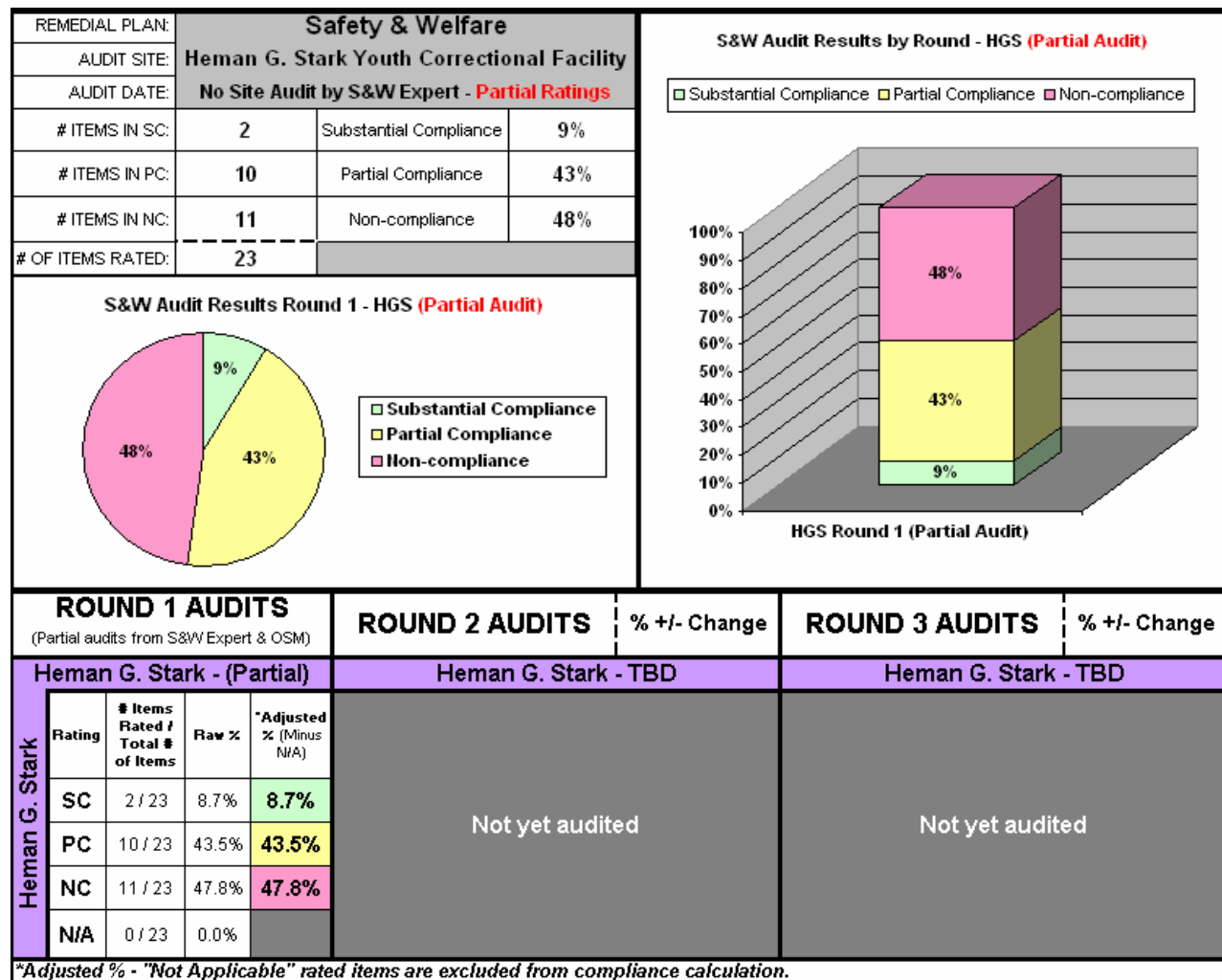


Figure 49: Safety & Welfare Audit Results – Heman G. Stark Youth Correctional Facility

- The facility's Substantial Compliance percentage is 9% in this very limited number of compliance ratings.
- The facility's Non-compliance percentage is 48% in this very limited number of compliance ratings.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 52% in this very limited number of compliance ratings.

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER-CLINIC

The Safety & Welfare Expert last audited the Southern Youth Correctional Reception Center-Clinic on March 20-21, 2008. The pie chart below identifies the results from this audit plus any compliance ratings provided by the Office of the Special Master. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this audit.

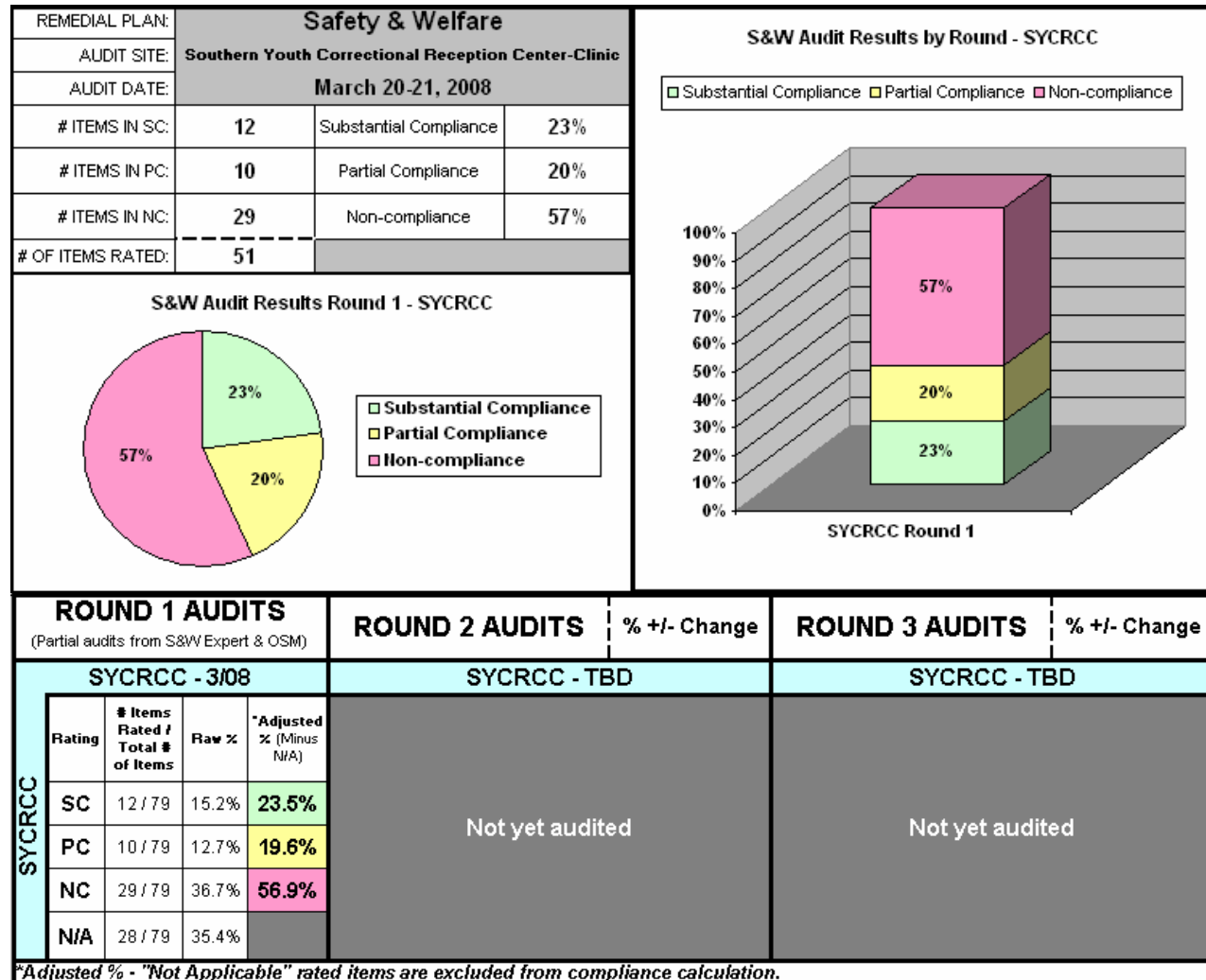


Figure 50: Safety & Welfare Audit Results – Southern Youth Correctional Reception Center-Clinic

- The facility's Substantial Compliance percentage is 23%.
- The facility's Non-compliance percentage is 20%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 43%.

PRESTON YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert last audited the Preston Youth Correctional Facility on May 27-29, 2008. The pie chart below identifies the results from this audit plus any compliance ratings provided by the Office of the Special Master. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this audit.

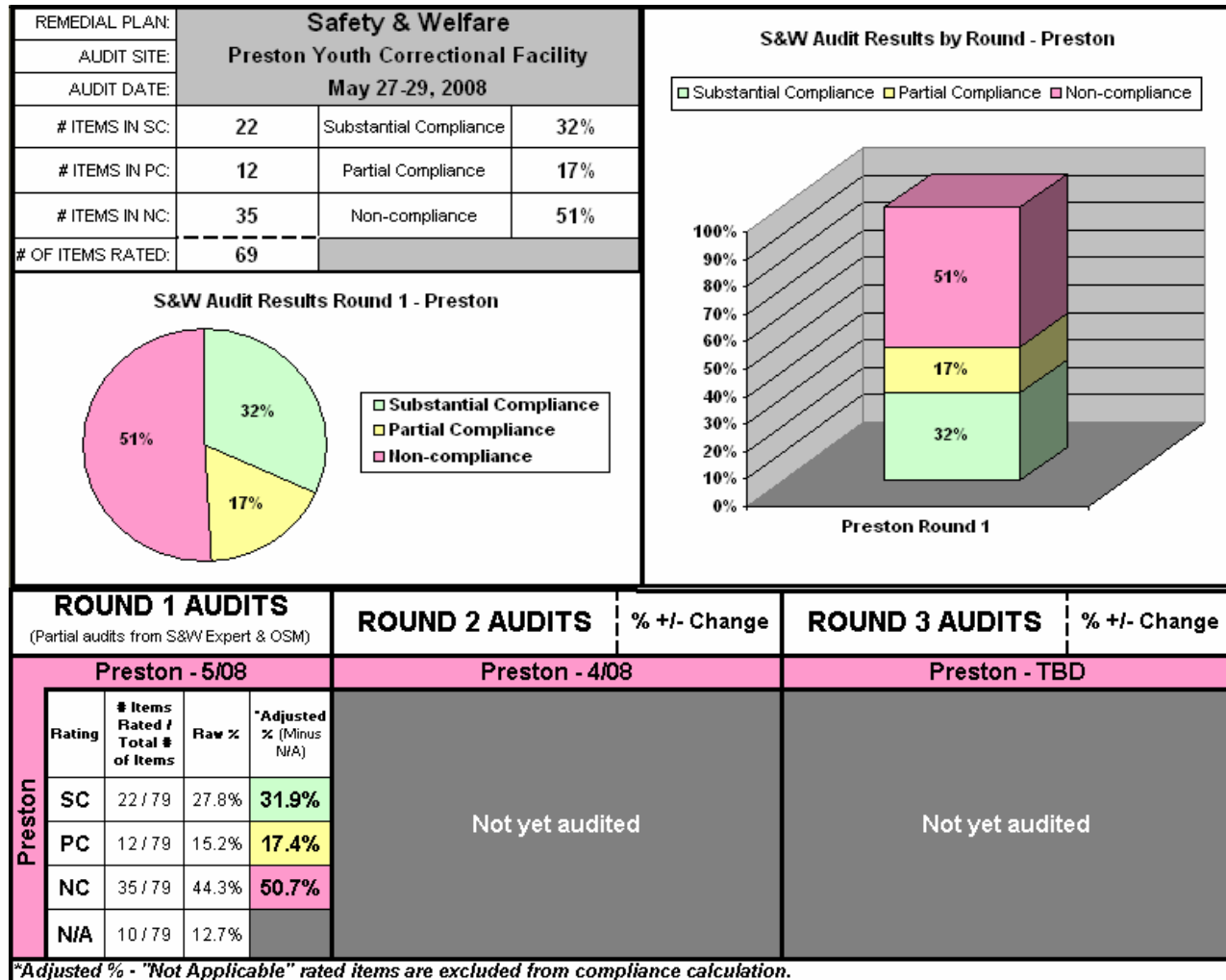


Figure 51: Safety & Welfare Audit Results – Preston Youth Correctional Facility

- The facility's Substantial Compliance percentage is 32%.
- The facility's Non-compliance percentage is 17%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 49%.

VENTURA YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert last audited the Ventura Youth Correctional Facility on March 5-6, 2008. The pie chart below identifies the results from this audit plus any compliance ratings provided by the Office of the Special Master. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this audit.

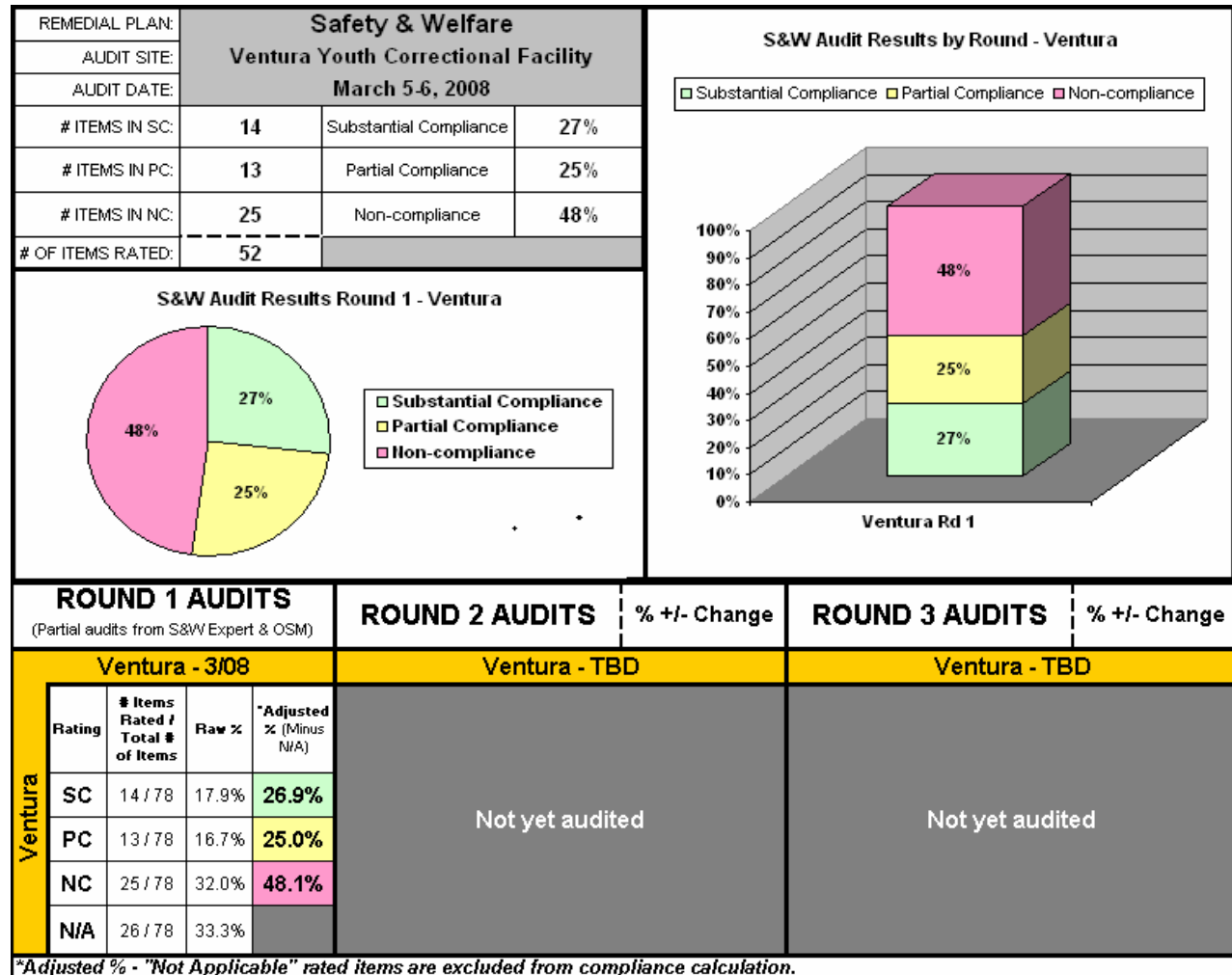


Figure 52: Safety & Welfare Audit Results – Ventura Youth Correctional Facility

- The facility's Substantial Compliance percentage is 27%.
- The facility's Non-compliance percentage is 25%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 52%.

EL PASO DE ROBLES YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert last audited the El Paso de Robles Youth Correctional Facility on November 7-9, 2007. The pie chart below identifies the results from this audit plus any compliance ratings provided by the Office of the Special Master. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with this audit. It is important to note that since this audit took place the facility has closed due to a decline in the population and therefore will not be audited future rounds.

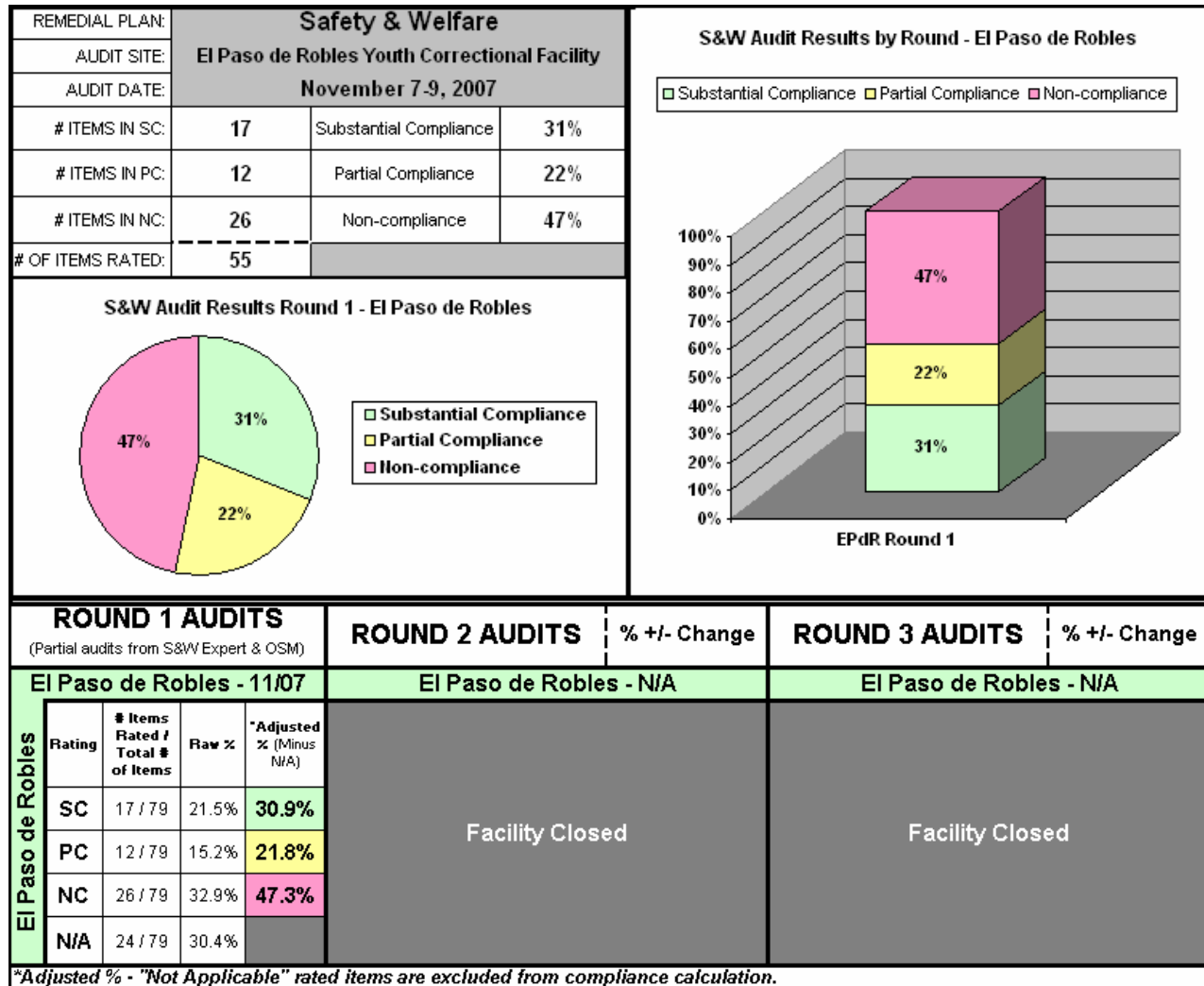


Figure 53: Safety & Welfare Audit Results – El Paso de Robles Youth Correctional Facility

- The facility's Substantial Compliance percentage is 31%.
- The facility's Non-compliance percentage is 22%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 53%.
- This facility has been closed and will no longer be audited in future rounds.

DEWITT NELSON YOUTH CORRECTIONAL FACILITY

The Safety & Welfare Expert has not audited the DeWitt Nelson Youth Correctional Facility and the compliance ratings identified below are those provided from the Office of the Special Master. The pie chart below identifies the compliance results received from the Special Master and the bar graph on the right provides a side-by-side comparison from the facility's previous audits. However, this facility has since been closed due to a decline in the population and therefore will not be audited in future rounds.

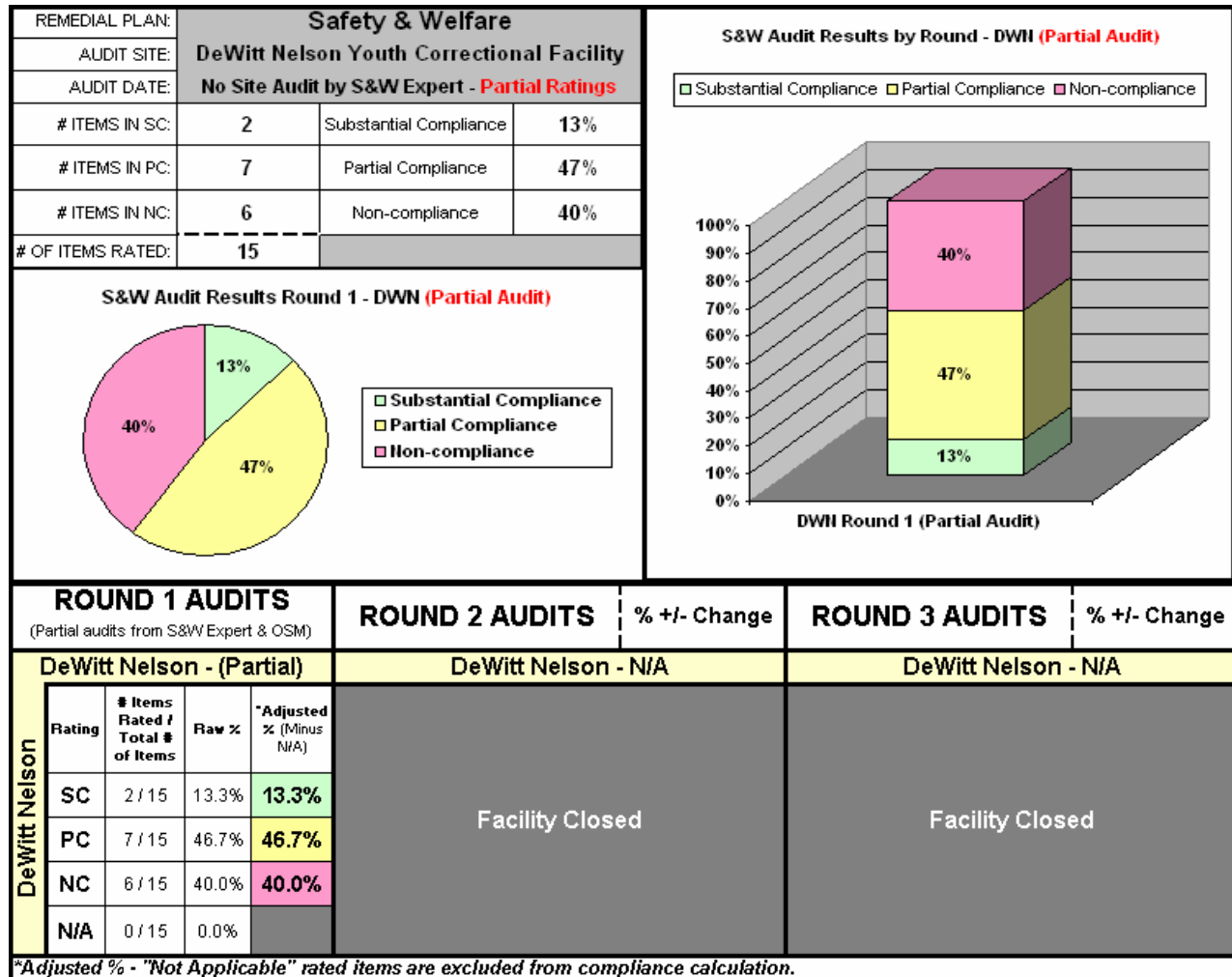


Figure 54: Safety & Welfare Audit Results – DeWitt Nelson Youth Correctional Facility

- The facility's Substantial Compliance percentage is 13% in this very limited number of compliance ratings.
- The facility's Non-compliance percentage is 40% in this very limited number of compliance ratings.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 60% in this very limited number of compliance ratings.
- This facility has been closed and will no longer be audited in future rounds.

DJJ HEADQUARTERS

The Safety & Welfare Expert has not yet audited DJJ Headquarters. The compliance ratings identified below are from the Office of the Special Master. The pie chart below identifies the results received to date. The bar graph on the right provides a side-by-side comparison from the facility's previous audits. Because this is the first round of audits, the bar graph will illustrate the same compliance data as that of the pie chart. Below these graphs are the statistical data associated with the limited amount of compliance data received by DJJ to date.

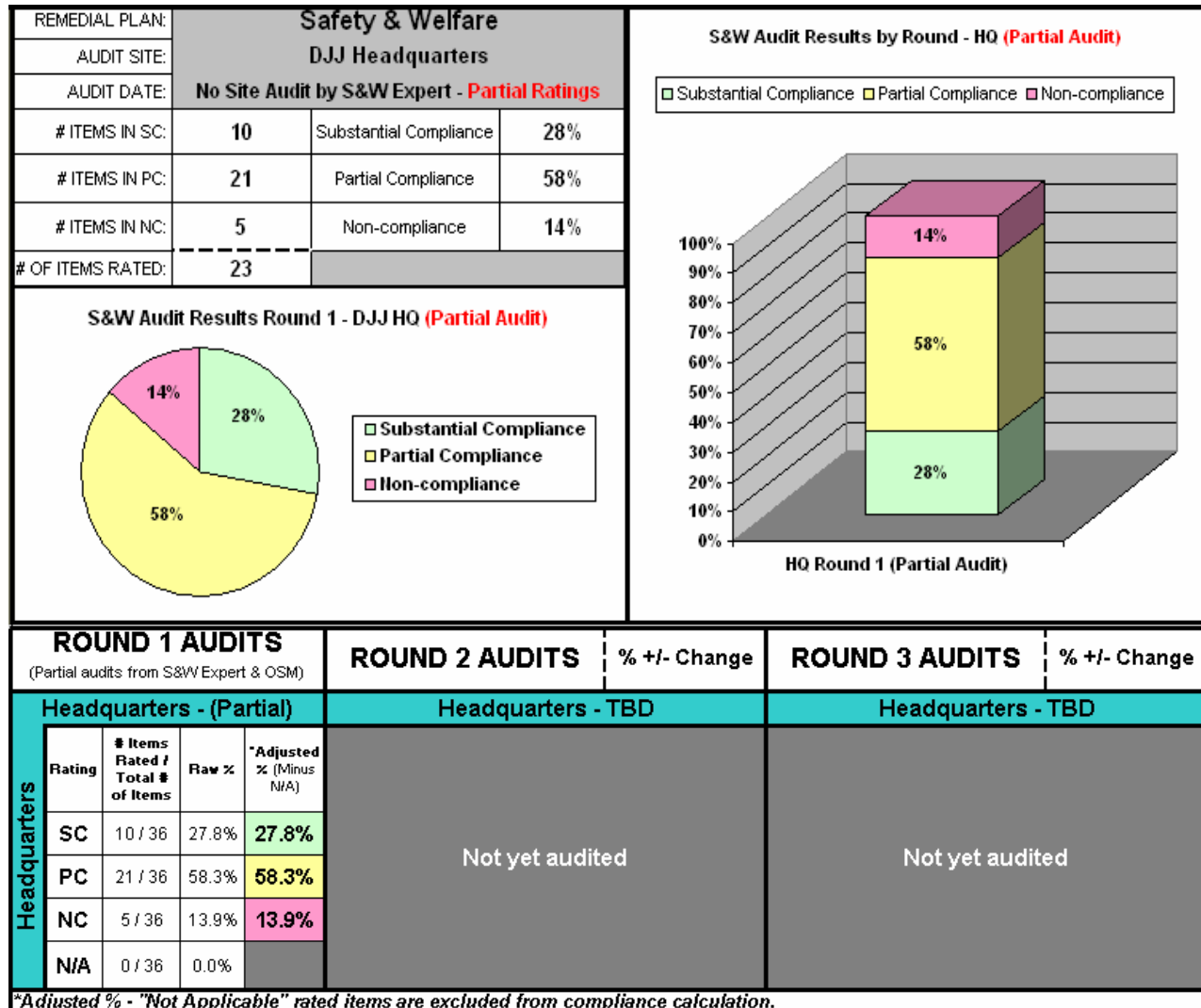


Figure 55: Safety & Welfare Audit Results – DJJ Headquarters

- DJJ Headquarters' Substantial Compliance percentage is 28% in this very limited number of compliance ratings.
- DJJ Headquarters' Non-compliance percentage is 14% in this very limited number of compliance ratings.
- DJJ Headquarters' combined Substantial Compliance and Partial Compliance percentages total 86% in this very limited number of compliance ratings.

SITE COMPARISON FOR ROUND ONE (in progress)

The graph below illustrates the compliance percentages for the six facilities audited by the Safety & Welfare Expert and the Office of the Special Master during this round of audits as well as the cumulative compliance averages of those audits.

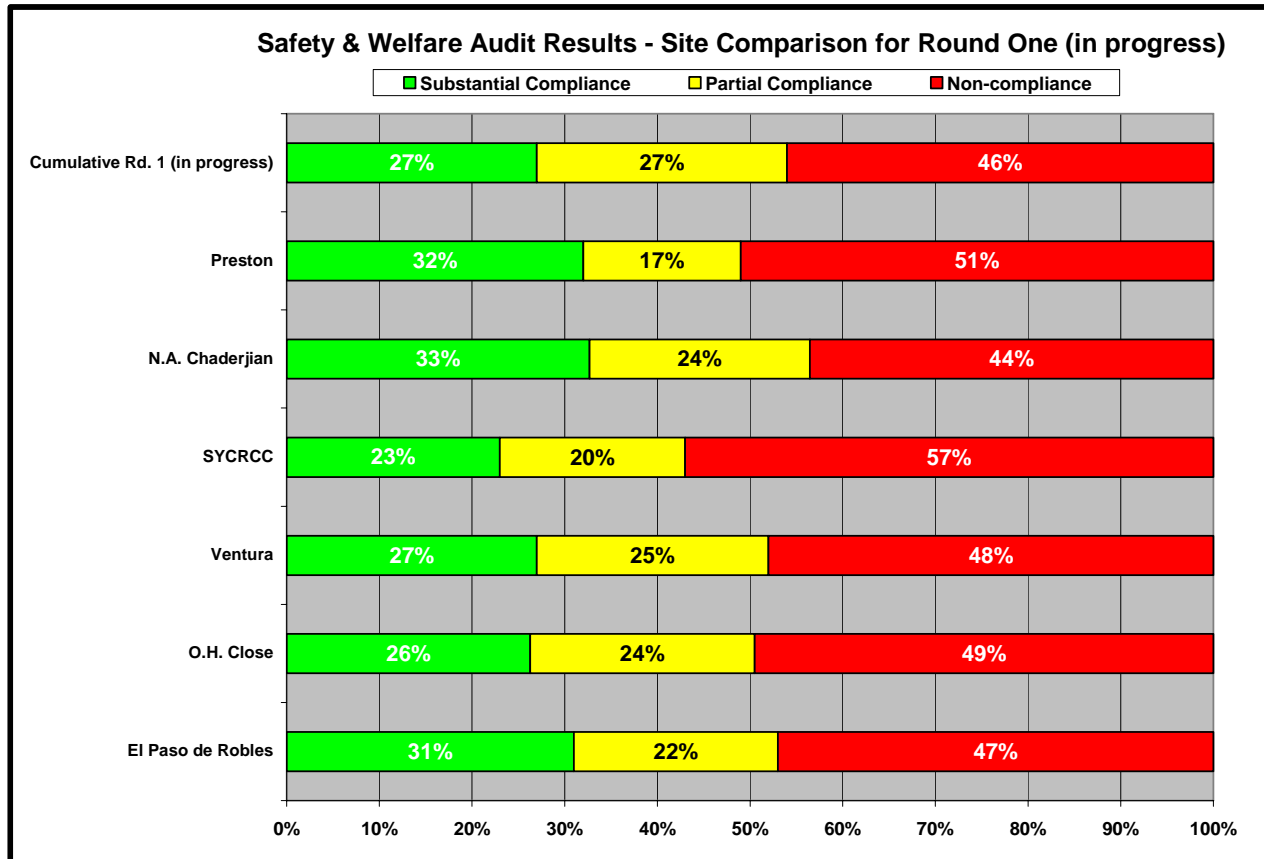


Figure 56: Safety & Welfare Audit Results – Site Comparison for Round One (in progress)

- Substantial Compliance percentage for the six facilities covers a range of 33% to 23%.
- Non-compliance percentage covers a range of 57% to 44%.
- Partial Compliance percentage covers a range of 25% to 17%.
- Three of the six facilities have a Substantial Compliance percentage of 31% or greater.
- Four of the six facilities have a Non-compliance percentage of 49% or less.
- The cumulative compliance averages for all six facilities are as follows:
 - 27% in Substantial Compliance
 - 27% in Partial Compliance
 - 46% in Non-compliance

SUBSTANTIAL + PARTIAL COMPLIANCE COMPARISON FOR ROUND ONE

A Partial Compliance rating, while not at the same high level as Substantial Compliance, does demonstrate that progress and work effort have been achieved to move a given audit item towards Substantial Compliance. The graph below identifies the combining of the Substantial Compliance percentages with the Partial Compliance percentages for the six facilities audited to date by the Safety & Welfare Expert and the Office of the Special Master. The cumulative average of these audits is also illustrated. This data is still “in progress” as the Safety & Welfare Expert has not completed his first round of audits.

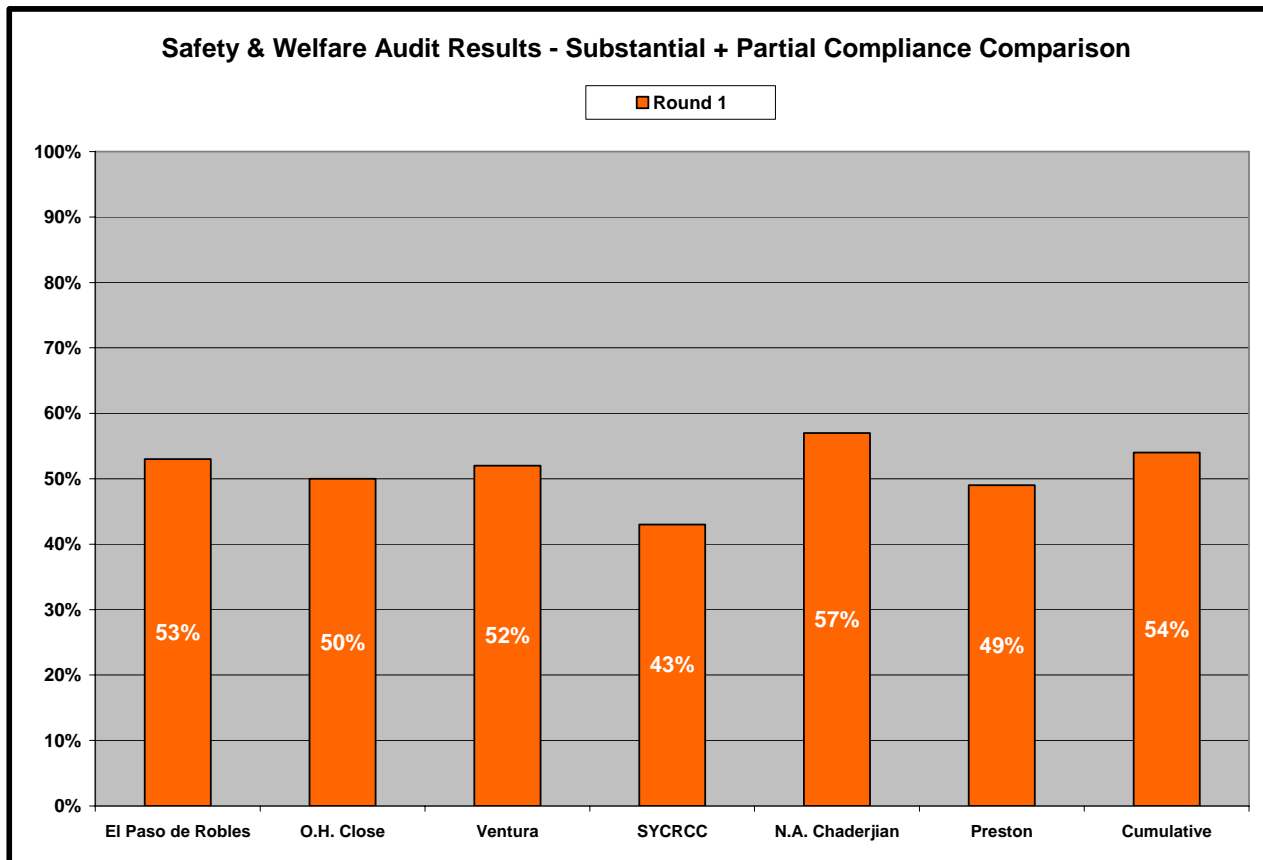


Figure 57: Safety & Welfare Audit Results – Substantial + Partial Compliance Comparison

- The combined Substantial Compliance and Partial Compliance percentages for each of the six facilities audited ranged from 57% to 43%.
- The N.A. Chaderjian Youth Correctional Facility has the highest combined Substantial and Partial compliance percentages at 57% and the Southern Youth Correctional Reception Center-Clinic has the lowest at 43%.
- Four of the six facilities had a combined Substantial and Partial compliance percentage of 50% or greater.
- DJJ Headquarters and the Heman G. Stark Youth Correctional Facility compliance data were not used in this graph due to the limited number of compliance ratings currently available for those two sites.

2.5.4 Expert Feedback

DJJ has not received any Safety & Welfare audit reports or compliance data from any other monitor of the Safety & Welfare Remedial Plan during the last quarter.

2.5.5 Status of Specific Action Items

Relieved Items

In the Consent Decree, on page 11, paragraph 23, it states:

“When a facility is found to be in substantial compliance on an issue for one full year, and is found to remain in substantial compliance after review by the relevant expert(s) one year later, expert tours regarding that issue at that facility shall end.”

An audit item is “relieved” when DJJ has met or exceeded the two-year Substantial Compliance threshold for the item, and the appropriate expert has formally noted that the audit item is removed from that expert’s future monitoring.

Currently, none of the Safety & Welfare audit items meet the time threshold to be deemed relieved by the Safety & Welfare Expert or any other monitor of the Safety & Welfare Remedial Plan.

Audit Items in Substantial Compliance Two Years or Longer

Since this is the Safety & Welfare Expert’s first round of audits, there are no audit items that have met this time threshold.

Items Removed from Relieved Status

Since this is the Safety & Welfare Expert’s first round of audits, there are no audit items that have met the time threshold, as identified in the Consent Decree, to be eligible to be relieved from future monitoring at this time.

Statewide Compliance Items

The Safety & Welfare Expert has not completed his first round of audits therefore DJJ is not able to identify the audit items that would qualify as being in Statewide Compliance.

Action Items with Majority Rating of Non-compliance

The Safety & Welfare Expert has not completed his first round of audits therefore DJJ is not able to identify the audit items that would qualify as receiving the majority of its ratings for Non-compliance.

2.5.6 Proof of Practice

The following chart identifies the Safety & Welfare-related Proof of Practice documents that have been sent to the Safety & Welfare Expert and the Special Master during the last quarter. The Proof of Practice documents provide evidence of DJJ's efforts to come into compliance with the action items, as noted below, of the Safety & Welfare Remedial Plan.

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
137	5-5b	<i>"Establish/modify job classifications for treatment team staff – Case Managers"</i>	1.) A three page signed memo dated March 12, 2008 to Superintendents from Sandra Youngen and Amy Seidlitz identifying the duties and responsibilities of hiring the case manager positions. 2.) A three page duty statement for the Casework Specialist (Working title: CASE MANGER) position.	7/16/08
141	5-4g	<i>"Hire or train trainers – Other programs adopted by DJJ"</i>	1.) A one page memo from Bernard Warner to DJJ Division Heads dated 11/14/07 with a subject title "Staff Training in Aggression Replacement Training (ART). #2.) A one page memo from Bernard Warner to Superintendents dated 11/14/07 with a subject title "Staff Training in Aggression Replacement Training (ART). 3.) A three page memo from Amy Seidlitz to Superintendents dated 4/28/08 with a subject title of "Aggression Replacement Training Group Facilitator Certification. FYI -Aggression Replacement Training is a component of the Integrated Behavior Treatment Model.	7/16/08
142	5-4g	<i>"Hire or train trainers – Other programs adopted by DJJ"</i>	1.) A one page memo from Bernard Warner to DJJ Division Heads dated 11/14/07 with a subject line of "Crisis Intervention and Conflict Resolution Training." 2.) A memo from Bernard Warner to Superintendents, Chief Psychologists, Senior Psychologists, Principals dated 11/14/07 with a subject line of "Crisis Intervention and Conflict Resolution Training." 3.) A two page memo from Sandra Youngen and Amy Seidlitz to Superintendents dated 4/29/08 with a subject line of "LETRA – Crisis Intervention and Conflict Resolution Certified Trainers Meeting. This memo identifies 26 DJJ staff who are certified LETRA Crisis Intervention and Conflict Resolution Instructors.	8/25/08
143	5-4d	<i>"Hire or train trainers – Motivational Interviewing"</i>	1.) A four page memo from Bernard Warner to Chief Medical Officers, Superintendents, Principals, Regional Parole Administrators and Hearing Officers date 11/8/07 with a subject line "Motivational Interviewing (MI) Executive Summit. 2.) A one page cover sheet for the "Motivational Interviewing Executive Summit" which identifies the agenda for this meeting. 3.) A "Acknowledgement Cover Sheet" from Bernard Warner to DJJ Executive Management Team dated 11/28/07 with a subject line of "Staff Training in Motivational Interviewing (MI). 4.) A three page memo from Bernard Warner to Superintendents, Chief Medical Officers, Chief Psychologists, Principals, Regional Parole Administrators, and Supervising Parole Agents dated 11/28/07 with a subject line of "Staff Training in Motivational Interviewing (MI).	7/16/08
	6-7d	<i>"Complete training – Motivational Interviewing"</i>		
158	8.3-2a	<i>"Family phone contact facilitated w/in 24 hours of commitment"</i>	A report entitled, "O.H. Close Youth Correctional Facility SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment February 8, 2008."	7/8/08
	8.3-2b	<i>"Ongoing family phone contact facilitated"</i>		
159	8.3-2a	<i>"Family phone contact facilitated w/in 24 hours of commitment"</i>	A report entitled, "O.H. Close Youth Correctional Facility SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment February 8, 2008."	7/8/08
	8.3-2b	<i>"Ongoing family phone contact facilitated"</i>		

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
160	8.3-2a	"Family phone contact facilitated w/in 24 hours of commitment"	A report entitled, "Southern Youth Correctional Reception Center and Clinic SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment May 7, 2008."	7/8/08
	8.3-2b	"Ongoing family phone contact facilitated"		
161	8.3-2a	"Family phone contact facilitated w/in 24 hours of commitment"	A report entitled, "Preston Youth Correctional Facility SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment June 11, 2008."	7/8/08
	8.3-2b	"Ongoing family phone contact facilitated"		
162	8.3-2a	"Family phone contact facilitated w/in 24 hours of commitment"	A report entitled, "Heman G. Stark Youth Correctional Facility SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment March 25, 2008."	7/8/08
	8.3-2b	"Ongoing family phone contact facilitated"		
163	8.3-2a	"Family phone contact facilitated w/in 24 hours of commitment"	A report entitled, "N.A. Chaderjian Youth Correctional Facility SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment March 13, 2008."	7/8/08
	8.3-2b	"Ongoing family phone contact facilitated"		
164	8.3-2a	"Family phone contact facilitated w/in 24 hours of commitment"	A report entitled, "Ventura Youth Correctional Facility SB 518, AB 1300, and Safety and Welfare Remedial Plan Item 8.3 Compliance Assessment May 1, 2008."	7/8/08
	8.3-2b	"Ongoing family phone contact facilitated"		
165	7 – various	This is general information regarding DJJ's attempts to contract for its female population. This information was provided to Dr. Krisberg at his request during a meeting at DJJ JQ on June 19, 2008.	<p>#1 – Two page document entitled, "Female Offender Request for Proposal Chronology", #2 – Request for Proposal, DJJ.06023, "Secure Residential Placements for Female Youthful Offenders", #3 – Request for Proposals, DJJ.07059, "Secure Residential Placement and Treatment Services for Female Youthful Offenders", #4 – One page document entitled, "Secure Residential Placement and Treatment Services for Female Youthful Offenders – Evaluators List."</p> <p>PLEASE NOTE: This information was provided to Dr. Krisberg on June 19, 2008 at DJJ HQ during a meeting on DJJ's female population. DJJ will forward an electronic copy of this information to Dr. Krisberg as well as sending both a hard copy and electronic copy to the Office of the Special Master.</p>	7/8/08
171	3-4b	"Crisis management training for direct care staff at two facilities"	#1 – A one page colored graph entitled, "Number of Staff Trained by Subject Area Through June 2008." #2 – An eight page spreadsheet entitled, "Farrell Related Training Data – Training Attendance Report – Aggression Replacement Training." #3 – A nine page spreadsheet entitled, "Farrell Related Training Data – Training Attendance Report – Crisis Intervention and Conflict Resolution." #4 – A 22 page spreadsheet entitled, "Farrell Related Training Data – Training Attendance Report – Motivational Interviewing." #5 – A six page spreadsheet entitled, "Farrell Related Training Data – Training Attendance Report – Training by ORBIS Partners." #6 – An 11 page spreadsheet entitled, "Farrell Related Training Data – Training Attendance Report – Safe Crisis Management." #7 – A 10 page spreadsheet entitled, "Farrell Related Training Data – Training Attendance Report – Understanding and Preventing Suicide."	7/8/08
	3-4c	"Crisis management training for remaining direct care staff"		
	6-7a	"Complete Training: DJJ Integrated Behavior Treatment Model"		
	6-7b	"Complete Training: Risk/Needs Assessment"		
	6-7d	"Complete Training: Motivational Interviewing"		
	6-7g	"Complete Training: Other key treatment components"		

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
172	2.4-1	"Program Manager(s)"	A two page spreadsheet identifying Safety & Welfare positions at each facility.	7/7/08
	2.4-2	"Volunteer Services/ Positive Incentive Coordinator"		
	2.4-3	"Vocational Specialist"		
	2.4-4	"Victim Services/ Restitution Specialists"		
	2.4-5	"Training Officer"		
	2.4-6	"Conflict Resolution Team(s)"		
	2.4-7	"Work Assignment Coordinator"		
	2.4-8	"Facility Administrator for operations and business services"		
	6-3	"Facility Administrator of Programs"		
173	5-3h	"Establish interim training schedule for motivational interviewing, normative culture, and interactive journaling"	Request for Proposal (RFP) for "Normative Culture." PLEASE NOTE: DJJ is requesting guidance from the Safety and Welfare Expert on this item.	7/16/08
	5-4e	"Hire or train trainers: Normative Culture"		
	6-7e	"Complete training: Normative Culture"		
187	3-5	"Develop and use databases to track violence and use of force"	Eleven packets of COMPSTAT, 1st Quarter, 2008 information. #1 – Roll-up (11 pages), #2 – Preston (13 pages), # 3 – DeWitt Nelson (14 pages), # 4 – Ventura (12 pages), # 5 – SYCRCC (13 pages), # 6 – N.A. Chaderjian (13 pages), # 7 – Heman G. Stark (13 pages), # 8 – O.H. Close (14 pages), # 9 – El Paso de Robles (14 pages), # 10 – Counting Rules (10 pages), and # 11 – Instructions for Staff (11 pages). NOTE – Number of pages excludes coversheets.	7/17/08
188	3-5	"Develop and use databases to track violence and use of force"	PbS Outcome Measure Comparisons for April, 2008 data collection period for DJJ facilities. # 1 – O.H. Close Youth Correctional Facility (114 pages), # 2 – Heman G. Stark Youth Correctional Facility (114 pages), # 3 – Ventura Youth Correctional Facility (114 pages), # 4 – Preston Youth Correctional Facility (114 pages), # 5 – Southern Youth Correctional Reception Center-Clinic (114 pages), # 6 – N.A. Chaderjian Youth Correctional Facility (114 pages).	7/18/08
	3-6a	"Record PbS safety outcome measures 2-4, 11, 12 for every day of year. (Injuries to youth per 010 days youth confinement, injuries to staff per 100 days staff employment, injuries to youth by other youth per 100 days youth confinement, assaults on staff per 100 days youth confinement)"		
	3-10b	"Twice yearly reports on staff and youth safety concerns"		
189	9.1-3	"Consolidated report on SMP use prepared by HQ and sent to S&W expert, Plaintiff's Counsel and Special Master"	Monthly SMP Report for June 2008. As part of the Standards and Criteria, these documents will also be sent to the Plaintiff's Counsel and the Special Master.	7/18/08

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
190	8.2-5b	<i>"Update Youthful Offender Rights Handbook"</i>	A bound copy of the draft of the "Youth Rights Handbook" (56 pages). Even though it is not required, DJJ is respectfully requesting review and feedback from both the Safety & Welfare Expert and the Wards with Disabilities Program Expert by August 1, 2008. FYI – The WDP specific information can be found on pages 7 and 28. Please Note – Due to the size of the document, both an electronic and hard copy will be sent to the Experts and the Special Master.	7/22/08
193	N/A	Information specifically requested by the Office of the Special Master.	<p>1 - Number, identity, and race/ethnicity of program-alone wards by housing unit (1 page); 2 - Number of Phase As, Bs, and Cs by housing unit and housing unit risk classification categories (1 page); 3 - Location of education area by housing unit (1 page); 4 - List of SMP youth and length of stay (1 page); 5 - Comparison of SMP populations on 07/20/07 and 07/20/08 (2 pages); 6 - For dates specifically requested by Special Master, reports of absences by period and housing unit and also data on total enrollment (page count below does not include cover pages):</p> <p>A - Breakdown of absences by periods and Treatments Teams for 06/17/08, 06/26/08, and 07/02/08 on main campus (1 page); B - "Classroom Absence Report" for 06/17/08 listing all absences on main campus as reported by each teacher for each classroom (8 pages); C - "Classroom Absence Report" for 06/26/08 listing all absences on main campus as reported by each teacher for each classroom (7 pages); D - "Classroom Absence Report" for 07/02/08 listing all absences on main campus as reported by each teacher for each classroom (7 pages); E - "Administrative Summary" for 06/17/08 (1 page); F - "Administrative Summary" for 06/26/08 (1 page); G - "Administrative Summary" for 07/02/08 (1 page); H - Attendance report for classroom located on the F Treatment Team for June 2008 (22 pages); I - Attendance report for classroom located on the F Treatment Team for July 2008 (23 pages); J - Attendance report for classroom located on the X Treatment Team for June 2008 (24 pages); K - Attendance report for classroom located on the X Treatment Team for July 2008 (25 pages); L - Attendance report for classroom located on the UV Treatment Team for June 2008 (16 pages); M - Attendance report for classroom located on the UV Treatment Team for July 2008 (4 pages); N - Attendance report for classroom located on the Z (Minors) Treatment Team for June 2008 (4 pages); O - Attendance report for classroom located on the Z (Minors) Treatment Team for July 2008 (3 pages).</p> <p>7 - EF Log, 04/28/08 to 05/16/08 (125 pages); 8 - MN Log, 04/04/08 to 07/08/08 (78 pages); 9 - W/X Treatment Team Log, 05/01/08 to 05/20/08.</p>	

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
196	2.1-4a	"Youth informed of changes as appropriate"	Memorandum from Sandra K. Youngen, Director, Division of Juvenile Facilities, to Superintendents, dated July 2, 2008, entitled "Youth Grievance and Staff Misconduct Complaint Policy Training," attached with a handout for DJJ youth entitled, "Youth Grievance System" for July 2008 (7 pages).	8/13/08
	8.2-1b	"Develop additional orientation materials on victim issues, disciplinary system, positive incentive program"		
	8.2-5a	"Develop orientation curriculum and provide training"		
198	8.7-6a	"Written policy & procedures for access to courts and library"	1 – Memorandum, dated July 22, 2008, from Sandra K. Youngen, Director, Division of Juvenile Facilities, and Doug P. McKeever, Director, Division of Juvenile Programs, subject: "Law Library Requests" (1 page); 2 – "Law Library Request" (DJJ Form 8.514) (3 pages).	8/8/08
202	2.1-4a	"Master table of contents completed for DJJ policy manual"	Two tabbed binders regarding the Master Table of Contents that have been revised after receiving comments from the S&W Expert. Binder #1 "Safety & Welfare Remedial Plan, Master Schedule / Audit Checklist Item 2.1.4a, Master Table of Contents." This binder has 15 tabs and 131 pages. Binder #2 "Safety & Welfare Policies" This binder has 23 tabs and 143 pages. Some documents are single sided and others are double sided therefore "pages" refers to the number of sheets of paper in each binder. These binders will be sent out in the mail and an electronic copy will be forth coming in the near future. PLEASE NOTE: DJJ would like to have a meeting with the S&W Expert after the Expert has received the binders to get further feedback on this item. DJJ will contact the Expert to set this meeting up.	7/30/08
		"Master schedule completed for updating DJJ policy"		
203	Per Consent Decree	"By November 1, 2004, Defendant shall develop policies and procedures to immediately provide for the treatment and management of wards on suicide watch and those with acute psychiatric needs" (p. 4).	A two page document authored by Dr. Juan Carlos Arguello and entitled, "Lessons Learned, Suicide Prevention and Response Policy Pilot Program Chaderjian Juvenile Correctional Facility.	8/4/08

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
204	8.4 (various items)	<i>"Disciplinary fact finding hearings held within 14 days"</i>	<p>1 – Memorandum, dated August 1, 2008, subject: "Disciplinary Decision Making System (Case Number 140)," issued by Brigid Hansen, announcing revisions to DJJ policy entitled "Disciplinary Decision Making System (DDMS)" and requesting review (1 page); 2 – Draft of DDMS, Section 7300 (22 pages); 3 – Draft of DDMS Procedures, Section 7305 (34 pages); 4 – "Appeal Board Order/Action" (DJJ Form 1.310C) (1 page); 5 – "Juvenile Justice Administrative Committee Review (DJJ Form 1.320) (2 pages); 6 – "Institutional Summary of Level 3 DDMS Actions" (DJJ Form 1.604) (1 page); 7 – "Investigation Report" (DJJ Form 8.402) (1 page); 8 – "Level 2 Intermediate Misconduct Behavior Report" (DJJ Form 8.403A) (1 page); 9 – "Level 3 Serious Misconduct Behavior Report" (DJJ Form 8.403B) (1 page); 10 – "Notice of Violation and Disciplinary Process" (DJJ Form 8.405) (1 page); 11 – "Report of Disposition and Review" (DJJ Form 8.406) (1 page); 12 – "Report of Findings" (DJJ Form 8.409) (1 page); 13 – "1st Level DDMS Appeal (Level 3)" (DJJ Form 8.410A) (1 page); 14 – "1st Level DDMS Appeal Response (Level 3)" (DJJ Form 8.410B) (1 page); 15 – "2nd Level DDMS Appeal (Level 3)" (DJJ Form 8.410C) (1 page); 16 – "Restoration of DDMS Time" (DJJ Form 8.411) (1 page); 17 – "DDMS – Staff Assistant Documentation" (DJJ Form 8.493) (2 pages); 18 – "Level 1 DDMS Appeal" (DJJ Form 8.509) (1 page); and 19 – "Level 2 DDMS Appeal" (DJJ Form 8.510) (1 page).</p> <p>PLEASE NOTE: The Mental Health Remedial Plan requires that DJJ give the Special Master and plaintiff's counsel an opportunity to review and comment upon the DDMS policy as it relates to mental health youth prior to finalization. Additionally, because the Mental Health, Safety & Welfare, and Wards with Disabilities Program Remedial Plans each contain language regarding the disciplinary system, DJJ would like feedback on the draft policy from the experts on each of those remedial plans. DJJ respectfully requests feedback from the reviewers by COB August 22, 2008. If the parties feel it necessary to have a meeting to discuss please contact Doug Ugarkovich and he will assist in setting up the meeting. DJJ will also send out hard copies of these documents to all the parties in tomorrow's mail.</p>	8/12/08
		<i>"Disciplinary disposition hearings held within 7 days"</i>		
		<i>"Policy exceptions to timelines for disciplinary hearings tracked and, if necessary, revised"</i>		
		<i>"Level 1 infraction appeals process implemented"</i>		
		<i>"Earn-back of disciplinary time-adds enhanced"</i>		
208	3-4b	<i>"Crisis management training for direct care staff at two facilities"</i>	<p>July 2008 Training Attendance Reports for the following courses: 1 – Aggressive Replacement (8 pages); 2 – Crisis Intervention and Conflict Resolution (7 pages); 3 – Motivational Interviewing (22 pages); 4 – ORBIS Partners (6 pages); 5 – Understanding and Preventing Suicide (15 pages); and 6 – Safe Crisis Management (10 pages).</p>	8/14/08
	3-4c	<i>"Crisis management training for remaining direct care staff"</i>		
	6-7a	<i>"Complete Training: DJJ Integrated Behavior Treatment Model"</i>		
	6-7b	<i>"Complete Training: Risk/Needs Assessment"</i>		
	6-7d	<i>"Complete Training: Motivational Interviewing"</i>		
	6-7g	<i>"Complete Training: 'Other key treatment components'"</i>		

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
209	8.5-1	"Forms available without assistance in all units"	Memorandum, dated August 1, 2008, from Sandra K. Youngen, Director, Division of Juvenile Facilities, subject: "Implementing the Youth Grievance and Staff Misconduct Complaint Policies" (2 pages).	8/12/08
	8.5-2	"Lock box for grievances in all living units"		
	8.5-3	"Grievance clerk ensures adequate supply of forms; educates/assists in process"		
	8.5-13	"Assistance to youth with disabilities"		
210	6-2c	"Program Service Day schedule for core program"	Memorandum, dated August 7, 2008, from Bernard E. Warner, Chief Deputy Secretary, subject: "Program Service Day" (1 page).	8/11/08
214	2.4-6	"Conflict Resolution Team(s)"	Revised draft of the Behavior Treatment Program Operations Guide with a request for feedback and suggested revisions. PLEASE NOTE: DJJ respectfully requests review and comments from the Safety & Welfare Expert, Barry Krisberg, by the close of business on Tuesday, September 3, 2008.	8/19/08
	5-1	"Consult with subject matter experts re: program design"		
	6-6	"Program Service Day schedule for BTPs"		
	6-7a	"DJJ Integrated Behavior Treatment Model"		
	6-7d	"Complete Training . . . Motivational Interviewing"		
218	6-7d	"Complete Training . . . Motivational Interviewing"	REVISED July 2008 Training Attendance Report for the Motivational Interviewing course (17 pages). PLEASE NOTE: This REVISED attendance report replaces document number 3 that was attached with Proof of Practice # 208.	8/27/08
221	8.3-2a	"Family ongoing contact facilitated w/in 24 hours of commitment"	A bound copy of an Executive Summary entitled, "SB 518, AB 1300 and Safety and Welfare Remedial Plan 8.3 Compliance Assessments, August 8, 2008" (12 pages).	8/25/08
	8.3-2b	"Ongoing family phone contact facilitated"		
	8.3-3	"Family visiting days organized"		
225	8.5-4	"Notice of receipt of grievance or allegations of misconduct"	1 – A memorandum, dated August 25, 2008, from Sandra K. Youngen, Director, Division of Juvenile Facilities, and Doug McKeever, Director, Division of Juvenile Programs, subject: "Superintendents Required to Review All Staff Misconduct Complaints" (1 page); 2 – Form entitled "Superintendent's Staff Misconduct Complaint Review" which is to be signed and submitted by all Superintendents with each complaint of staff misconduct received (1 page).	8/27/08
	8.5-5c	"Superintendent reviews all allegations of staff misconduct"		
	8.5-10	"Allegations of staff misconduct separated from grievances"		

Safety & Welfare Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
226	3-3a	"Implement Use of Force Review Model"	<p>1 – A series of memoranda, dated August 18, 2008, from Major Jeff Plunkett, Division of Juvenile Facilities, to the respective Superintendents of N.A.C.Y.C.F., S.Y.C.R.C.C., V.Y.C.F., P.Y.C.F., H.G.S.Y.C.F., and O.H.C.Y.C.F., subject: "Department Force Review Committee Results for July 2008" (11 pages); 2 – IFRC Review and Analysis document dated July 16, 2008, accompanied with incident reports and review documents for V.Y.C.F. (43 pages); IFRC Review and Analysis document dated June 25, 2008, accompanied with incident reports and review documents for V.Y.C.F. (43 pages).</p> <p>PLEASE NOTE: This information was requested by the Special Master's assistant after attending the July DFRC.</p>	8/27/08
231	3-2	"Revise Use of Force Policy"	<p>1 – Revised Use of Force policy draft, entitled "Crisis Prevention and Management" (57 pages).</p> <p>PLEASE NOTE: This copy is the most current draft version. DJJ respectfully requests feedback from the Safety & Welfare Expert by the close of business on Friday, September 19, 2008.</p>	9/5/08
235	8.5-12	"Youth Offender's Rights Handbook improved"	<p>1 – Memorandum dated September 5, 2008, from Sandra K. Youngen, Director, Division of Juvenile Facilities, to all Superintendents, subject: "Youth Rights Handbook Feedback." The memorandum informs all Superintendents that the Youth Rights Handbook has been updated to reflect changes made to DJJ's policies and procedures and requests that the Superintendents select a cross-section of 10 to 12 youth in their facilities to review the Handbook and provide feedback. The Superintendents must then provide the information collected to DJJ by September 12, 2008.</p>	9/10/08
238	8.4b-7a	"Steps to promote participation in Ward Incentives Plan"	<p>1 – Memorandum dated September 4, 2008, from Sandra Youngen, Director, Division of Juvenile Facilities, to all Superintendents, subject: "Youth Incentive Newsletter" (1 page); 2 – August 2008 edition of <u>Youth Incentive News</u>, issued by DJJ (9 pages).</p>	9/10/08
	8.4b-7b	"Points for restorative justice expanded and standardized"		
	8.4b-8a	"Expand graduated sanctions and positive incentives"		
256	N/A	N/A	1 – Draft of newly revised document entitled, "Key Audit Items – Safety & Welfare: Reporting Tool Implied by Expert's Identification of Top Priority Items" (1 page).	10/1/08
265	7-1	"Issue request for Letters of Interest for contract services"	1 – An Executive Summary entitled, "Female Youth Program Request for Proposals" (1 page).	10/14/08
271	3-4b	"Conflict Resolution Team(s)"	<p>1 – DJJ's Training Calendar containing all the training courses it anticipates providing to the facilities for October, November, and December 2008 (3 pages).</p>	10/17/08
	3-4c	"Consult with subject matter experts re: program design"		
	6-7a	"Program Service Day schedule for BTPs"		
	6-7b	"DJJ Integrated Behavior Treatment Model"		
	6-7d	"Complete Training . . . Motivational Interviewing"		
	6-7g	"Complete Training: 'Other key treatment components'"		

2.5.7 Summary and Application of Audit Findings

DJJ is planning to meet with the Safety & Welfare Expert in mid-December 2008 to identify and discuss the appropriate Proof of Practice documentation that is necessary for DJJ to have available to the Safety & Welfare Expert during his facility audits. DJJ believes that it has been in a higher degree of compliance than what the Safety & Welfare Expert's audits suggest. It is hoped that by mutually agreeing to which documentation would provide evidence of progress will provide both parties with a clearer understanding of the expectations and standards in which DJJ is being assessed in its Safety & Welfare compliance efforts. DJJ looks forward to working with the Safety & Welfare Expert to clarify these issues and for his guidance in helping DJJ to continue to move forward in implementing the reforms identified in the Safety & Welfare Remedial Plan.

2.5.8 Signs of Progress

One of the mandates of the Safety & Welfare Remedial Plan is to ensure that "religious services and programs are provided for various faith groups and that all youth have access to religious services, programs and materials." One of the following news articles covers a recent religious event at the Heman G. Stark Youth Correctional Facility. It is important to note that youth from the Southern Youth Correctional Reception Center-Clinic also participated in this religious ceremony. The second news article describes a commercial partnership between the Heman G. Stark Youth Correctional Facility and a local area business that gives youth an opportunity to learn job skills and earn money.

The news articles are from the following sources:

"Sweat It Out" by Wendy Leung, Staff Writer for the *Contra Costa Times*, published on November 24, 2008. Photographs taken by Thomas R. Cordova, Staff Photographer.

"Correctional Facility Wards Back on Track" by Neil Nisperos, Staff Writer for the *Contra Costa Times*, published on December 3, 2008.

Sweat it out

Ritual gives wards a second chance

Wendy Leung, Staff Writer

Posted: 11/24/2008 01:41:59 AM PST

Photo Gallery: [Fall Feast](#)

CHINO - Here on a patch of dirt marked by scraggly pine trees and layers of chain-link fence is Jimi Castillo's sanctuary.

Known as Red Tail Lodge, it is where the American Indian spiritual leader for the Heman G. Stark Youth Correctional Facility holds a weekly sweat lodge, an ancient ritual in which the heat of fired rocks is believed to lead the way to spiritual purity. But no other sweat session is as momentous as the one that took place Saturday at the 13th annual Fall Feast.

Castillo, 66, of the Tongva tribe, started the feast as an opportunity for American



A ward exits a sweat lodge after an American Indian ceremony at Heman G. Stark Youth Correctional Facility in Chino on Saturday. The sweat lodge is part of a weekly event, but it is especially important to the jail's annual Fall Feast. The sweat lodge comes from an ancient ritual in which it is believed the heat and sweat can lead to spiritual purity. (Thomas R. Cordova/Staff Photographer)

Indian elders and others in the community to witness the sweat lodge and give words of wisdom to the young offenders. The daylong ritual begins with the sweat, followed by a buffet of home cooking and gift-giving. It's a chance for Castillo to fill in the gaps that Christmas and Ramadan ceremonies leave behind.

"It's our church," said Castillo. "This is the only place in the institution where blood is never spilt. The boys know that if blood is ever spilt here, I'd take (this lodge), burn it, and I'd be on a one-way road out of here."

It's evident that Castillo, or "Uncle Jimi," commands a brand of respect that's earned through sweat and tears. The respect doesn't come from his voice, which is set on a guttural baritone or the piercing look he gives when he wants you to listen. It comes from being a sincere father figure to a group of young men, mostly 18 to 25 years old, who have spent their lives hungry for guidance.

"A lot of these young men don't really have parents in their lives. Some of them are locked up, too," Castillo said. "They've never had that gentle touch on the face. But I give it to them. I care."

Don Schmidt, 36, has been in the youth authority for 20 years and was one of the wards who wrote a letter encouraging the institution to bring Castillo on board.

"Our differences are set aside here," Schmidt said. "We may not respect each other, but we respect Uncle Jimi."

The sweat lodge is a pit covered with heavy canvas. It can accommodate about 30 men who crowd around the heated rocks to pray and sing. Steam from the rocks can be unbearable, and at times, a few have passed out.

"We leave our frustrations and anger in there," Schmidt said. "It's like we leave a piece of ourselves. We come out new."

The sweat is opened to men of all cultures and religion. On Saturday, four from the Norwalk youth corrections facility joined for the first time. Some are full-blood American Indians who know of the ceremony. Some say the religion they grew up on led them astray. And some, according to retired chaplain Raymond Gonzales, "know they are Indian but don't know what it means."

Jonathan Hays, 20, who is five months away from being released, said the sweat "strengthens your mind."

"If you don't have this," he said. "You don't have nothing else."

Also integral to the Fall Feast, is, of course, the food - an amalgam of Mexican cooking and American Indian barbecue prepared by Castillo's friends, family and other volunteers. There are tamales, corn on the cob and a pot of menudo the height of a toddler on tippy toes. There's also buffalo ribs ("It's better for you than fish and chicken," Castillo said) and Indian frybread ("Without frybread, there'd be no meal," said a cook).

When the bellies are fed, the elders work to feed the mind. The ultimate goal, Castillo said, is to make sure this is the last institution these men will witness. They encourage them to get an education and steer away from alcohol and drugs. In return, the wards hand out jewelry and crafts that they've made as a token of appreciation.

Schmidt, who at 36 is the oldest person in a California youth authority, said he understands why society sees him as a monster. The crimes he committed at the age of 16 were heinous - rape and murder.

"To have visitors come see us and spend time with us, that's more than anyone of us could ask for," Schmidt said. "Sometimes I don't understand why anyone would view me as anything other than how society sees me as far as me being a monster and all. Sometimes, I still see myself as a monster."

Each has a past that's dark and full of demons. But Emily Jimenez, a regular volunteer at the feast, believes that putting the men on a "red road" will set them straight.

"We don't condone the things they've done," Jimenez said. "We want them to leave here a better person. We can't let them think there's no one here for them."

The words of encouragement continued long after the sun gave way. The event concluded with this month's most popular tradition - giving thanks. Castillo, who said he would work with the wards "as long as blood flows through my veins," sounded the most thankful of all.

"I'm so blessed to have every single one of you in my life," Castillo told the wards. "I get my paycheck from the state, but it's you, young men, I want to thank."



Caption: ON24-PRISONFEAST-03-TRC (Thomas R. Cordova/ Staff photographer) Bo Recchio, from the Southern Youth Correctional Reception Center-Clinic in Norwalk ,hugs Martha Manzo after he gave her a medicine bag as a gift, Recchio and Manzo are Native Americans from Alaska, at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The annual Fall Feast Ceremony is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375232

This photo is not for sale due to licensing restrictions.



Caption: ON24-PRISONFEAST-02-TRC (Thomas R. Cordova/ Staff photographer) Jonathan Hays, left, shakes hands with Bo Recchio, right, after a sweat lodge a Native American ceremony at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The annual Fall Feast Ceremony is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375231
This photo is not for sale due to licensing restrictions.



Caption: ON24-PRISONFEAST-04-TRC (Thomas R. Cordova/ Staff photographer) Brandon Alto, from the Southern Youth Correctional Reception Center-Clinic in Norwalk, gives a medicine bag as a gift to Jimi Castillo, Native American Spiritual Leader at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The annual Fall Feast Ceremony is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375233
This photo is not for sale due to licensing restrictions.



Caption: The annual Fall Feast Ceremony at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The feast is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375238

This photo is not for sale due to licensing restrictions.



Caption: The annual Fall Feast Ceremony at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The feast is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375236

This photo is not for sale due to licensing restrictions.



Caption: The annual Fall Feast Ceremony at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The feast is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375242

This photo is not for sale due to licensing restrictions.



Caption: ON24-PRISONFEAST-05-TRC (Thomas R. Cordova/ Staff photographer) Eva Jacobo places a plate of food on hot coals as a offering before eating at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The annual Fall Feast Ceremony is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375234

This photo is not for sale due to licensing restrictions.



Caption: The annual Fall Feast Ceremony at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The feast is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375239

This photo is not for sale due to licensing restrictions.



Caption: The annual Fall Feast Ceremony at Heman G. Stark Youth Correctional Facility in Chino November 22, 2008. The feast is a all day event which involves Native American Spirit Leaders spending time with inmates in a sweat lodge for prayer before gift giving and a feast. Album ID: 642104 Photo ID: 21375245

This photo is not for sale due to licensing restrictions.

Correctional facility wards back on track

Neil Nisperos, Staff Writer

Posted: 12/03/2008 08:00:19 PM PST

CHINO - Thanks to a new commercial partnership at the Heman G. Stark Youth Correctional Facility, six wards have the opportunity to learn skills and earn money.

The youth correctional facility has welcomed Irvine-based Rampone Industries to open a retail shelving and rack factory on its property.

Wards have been trained as factory employees and are manufacturing shelving and display racks that are typically found in hardware stores and other retail outlets.

"I think it's a good opportunity for us to give us the chance to learn something, so when we go out and look for a job we have skills," said ward Alejandro Gonzalez of Los Angeles.

"It's also an opportunity for us to send money to our family. Some of us have sons, and moms and girlfriends."

The new business will pay the wards the federal minimum wage, which they will use toward restitution costs, room and board as well as put in savings for after their release.

Stark facility officials hopes to expand the operation from six to 20 employees.

The contract with Rampone is for five years, but company President Horacio Rampone said he hopes to continue the relationship for the long term.

"We decided that a partnership with the Division of Juvenile Justice provided an excellent opportunity to benefit California and the young men inside these facilities," Rampone said.

Rampone employee and Stark ward Joey McGraw said he's learning the "skills to help me be successful when I get out."

The work area - comprised of several warehouses filled with metal-working machinery - is in a separate area from the rest of the youth correctional facility.

The workers are chosen and then screened as well as interviewed by Rampone.

"This is a good program," ward Rocky Mattley said. "It's good that people like Rampone help us out even though we had a bad situation happen in the past. They've given us another chance to succeed. It makes me feel important."

Until last year, Stark had a business partnership with a housing-related, sheet-metal company.

With the downturn in the housing market, the company decided to pull out.

"Housing was down, and so the business pulled out," Stark facility Superintendent Joe Hartigan said. "They didn't need the extra inventory."

The vocational training is part of the Stark facility's Free Venture Program, which is managed by the California Prison Industry Authority.

"Free Venture Programs offer incredible benefits by providing these young men with real-world job skills," said Bernard Ward, chief deputy secretary for the Department of Juvenile Justice.

"Our main objective is to get these young men back to the community to be productive workers leading crime-free lives."

2.6 Mental Health Remedial Plan Compliance Status

2.6.1 Historical Audit Perspective

Court Filings

The Mental Health Remedial Plan filed with the Court on August 25, 2006, was the last *Farrell* Remedial Plan to be filed. The audit tool (Standards & Criteria) was filed with the Court on December 14, 2006.

Audit Tool

The Mental Health audit tool contains 118 action items, all of which have a deadline. There are approximately 182 audit items associated with the 118 action items. The 182 audit items are the number of compliance ratings DJJ will receive in a typical round of Mental Health audits. The Mental Health audit tool is weighted heavily toward Headquarters action items, which explains the relatively low number of audit items (182) in relation to the number of action items (118).

Audit Tool Breakdown

Audit Item Numbers Based on Six Facilities	Filing Dates		Action Items			Audit Items		
	Remedial Plan	Audit Tool	# of Action Items with a Deadline	# of Action Items without a Deadline	Total # of Action Items	# of Audit Items with a Deadline	# of Audit Items without a Deadline	Total # of Audit Items
Mental Health	8/25/06	12/14/06	118	0	118	182	0	182

Audit History

The Mental Health Experts completed their first facility audit, using the Court-filed audit tool at the Preston Youth Correctional Facility on July 17-18, 2008. DJJ has not yet received the Experts' audit report based on this visit; therefore, any compliance data in this section is the same as reported in previous Quarterly Reports. The compliance data was collected via visits of Headquarters by the Mental Health Experts and the Special Master.

During these Headquarters visits, the Mental Health Experts and the Special Master have been able to assign compliance ratings to certain facility audit items based on the information and documentation provided to them during their Headquarters visits.

The chart on the following page lists the Mental Health Experts' facility audit schedule for their current round of audits.

Mental Health	ROUND ONE	ROUND TWO		ROUND THREE	
Facility	Date Audited	Date Audited	Time between Audits	Date Audited	Time between Audits
Ventura	NA	NA	NA	NA	NA
SYCRCC	NA	NA	NA	NA	NA
Heman G. Stark	October 2-3, 2008	NA	NA	NA	NA
N.A. Chaderjian	October 17, 2008	NA	NA	NA	NA
O.H. Close	October 16, 2008	NA	NA	NA	NA
Preston	July 17-18, 2008	NA	NA	NA	NA

Future Audit Schedule

The Mental Health Experts provided DJJ with their audit schedule for their first round of facility audits on April 15, 2008. Since that time, the Mental Health Experts have conducted audits of the Preston Youth Correctional Facility, O.H. Close Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility and the Heman G. Stark Youth Correctional Facility, but to date, DJJ has not received any audit reports from these audits. The audit schedule for the remaining facilities is listed below:

- Ventura Youth Correctional Facility – December 3-4
- Southern Youth Correctional Reception Center-Clinic – To be determined

2.6.2 Most Recent Audit Findings

Audit Reports Received During the Last Quarter

The Mental Health Experts have not provided DJJ with an audit report during the last quarter.

2.6.3 Mental Health Audit Results

Audit Results Introduction

The Mental Health charts on the following pages are the most up-to-date compliance ratings provided by the Mental Health Experts and the Office of the Special Master. DJJ has yet to receive a complete facility audit report by the Mental Health Experts so the compliance data identified in the following pages represents a very limited snapshot of the progress made thus far in the implementation of the Mental Health Remedial Plan. In fact, the data is so limited that DJJ warns against drawing any conclusions about the progress in this plan from the data received to date. For example, some of the charts identify as few as two audit items that have been assessed and received compliance ratings. DJJ does not believe this set of data is large enough to provide a clear understanding of the progress that is being made up to this point. However, in an effort of full disclosure, the compliance ratings that DJJ has received are being shared in this section. It is anticipated that once the Mental Health Experts begin to provide DJJ with facility audit reports, then DJJ will be in a better position to demonstrate a more reliable level of progress in the implementation of the Mental Health Remedial Plan.

The Mental Health charts also include the cumulative results of the limited audit data received thus far as well as a comparison of a facility's prior audit results in previous rounds. Because this is the first round of the Mental Health audits, there will not be a comparison of a site's prior audits but rather just a different visual representation of the same compliance results. Attached to these charts is the statistical data for each item audited to date at each site.

The percentages identified have been rounded off and therefore, may have a slight variance of no more than 1% of either less than or greater than 100%. For example, in adding up the different compliance percentages, the sum total for a given item could either be 99%, 100% or 101% due to the rounding off process.

To help fully understand the charts on the following pages, the items below are more clearly defined:

- **SC** = Substantial Compliance
- **PC** = Partial Compliance
- **NC** = Non-compliance
- **N/A** = Not Applicable
- **Numbers in red font** = A negative number denoting a decrease in a compliance percentage.
- **Raw %** = The compliance percentages with the N/A items included in the calculations.
- **Adjusted %** = The compliance percentages with the N/A items excluded from the calculations.

CUMULATIVE RESULTS

The pie chart below identifies the cumulative averages for all of the compliance data received to date from the various monitors of the Mental Health Remedial Plan. It is important to note that all of the compliance data for the Mental Health Remedial Plan to date is from a very limited number of compliance ratings. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

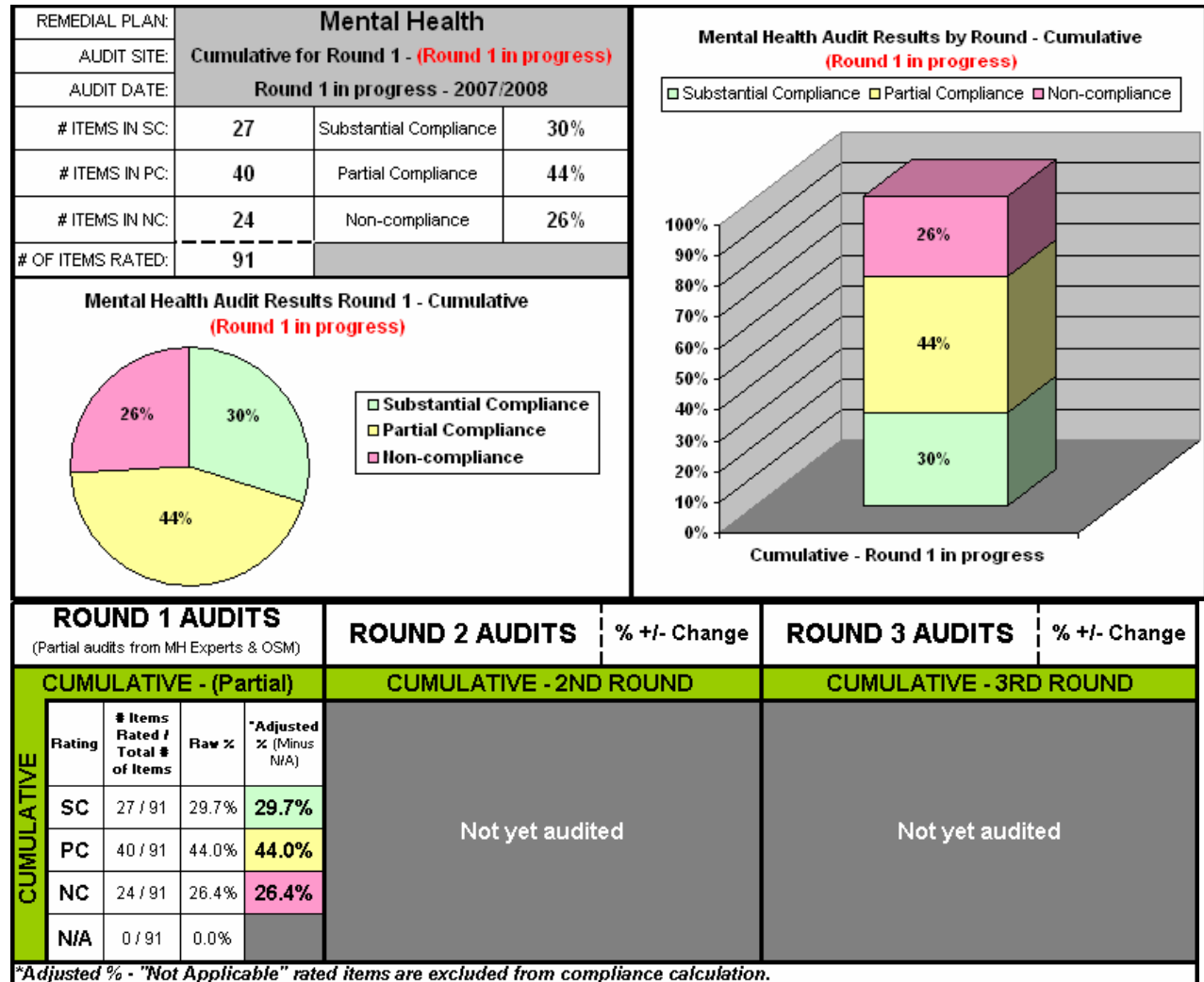


Figure 58: Mental Health Audit Results – Cumulative

- The cumulative Substantial Compliance percentage is 30%.
- The cumulative Non-compliance percentage is 26%.
- The cumulative combined Substantial Compliance and Partial Compliance percentages total 74%.
- These results are from just 91 total audit items which represents a very limited number and may not be a reliable indicator of progress.

N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY

The Mental Health Experts last audited the N.A. Chaderjian Youth Correctional Facility on October 17, 2008 but have not yet provided DJJ with the compliance data from this audit. The chart below identifies the compliance data received to date from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

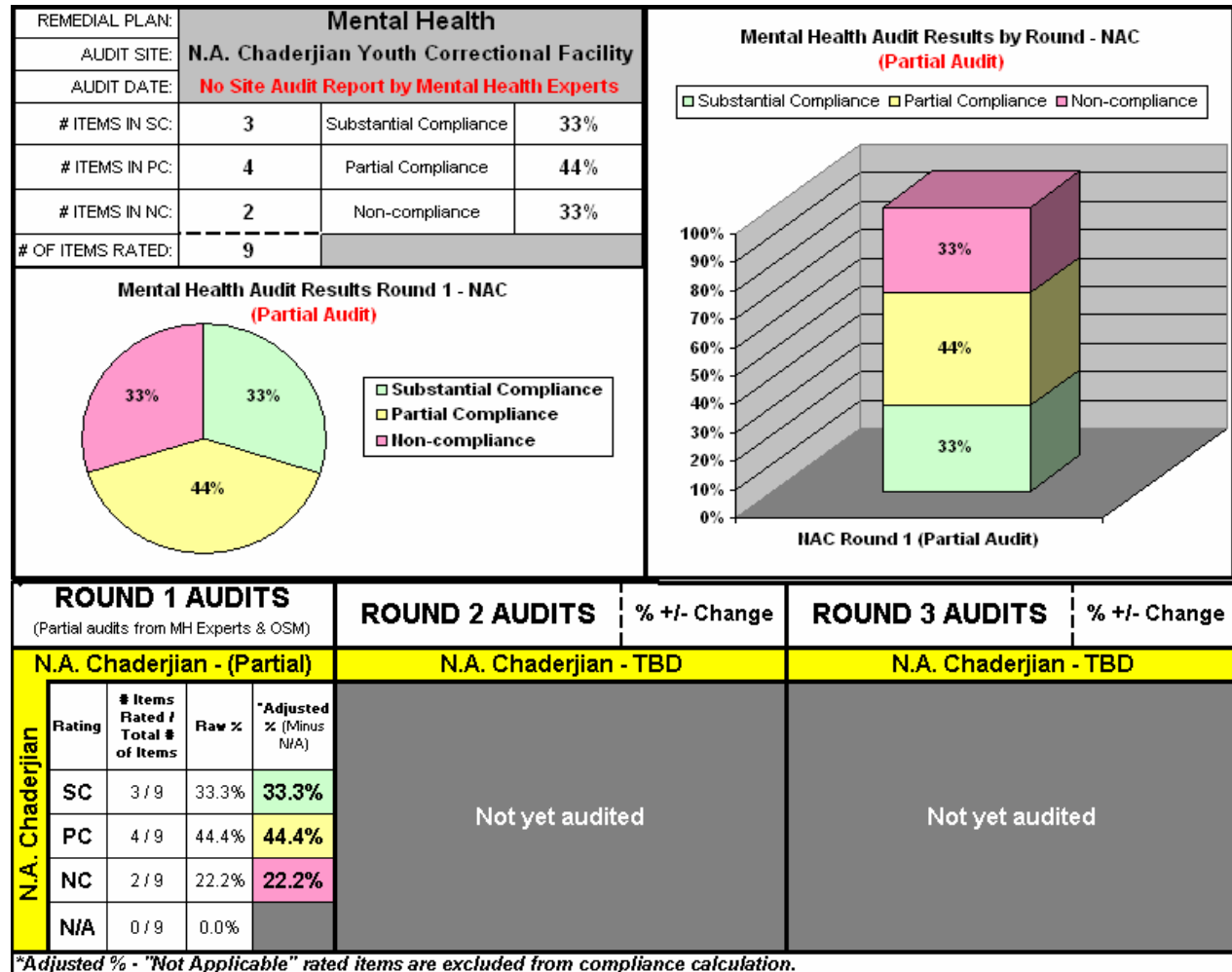


Figure 59: Mental Health Audit Results – N.A. Chaderjian Youth Correctional Facility

- The facility's Substantial Compliance percentage is 33%.
- The facility's Non-compliance percentage is 33%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 77%.
- These results are from just nine (9) audit items which represents a very limited number and may not be a reliable indicator of progress.

O.H. CLOSE YOUTH CORRECTIONAL FACILITY

The Mental Health Experts last audited the O.H. Close Youth Correctional Facility on October 16, 2008 but have not yet provided DJJ with the compliance data from this audit. The pie chart below identifies the compliance data received to date from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

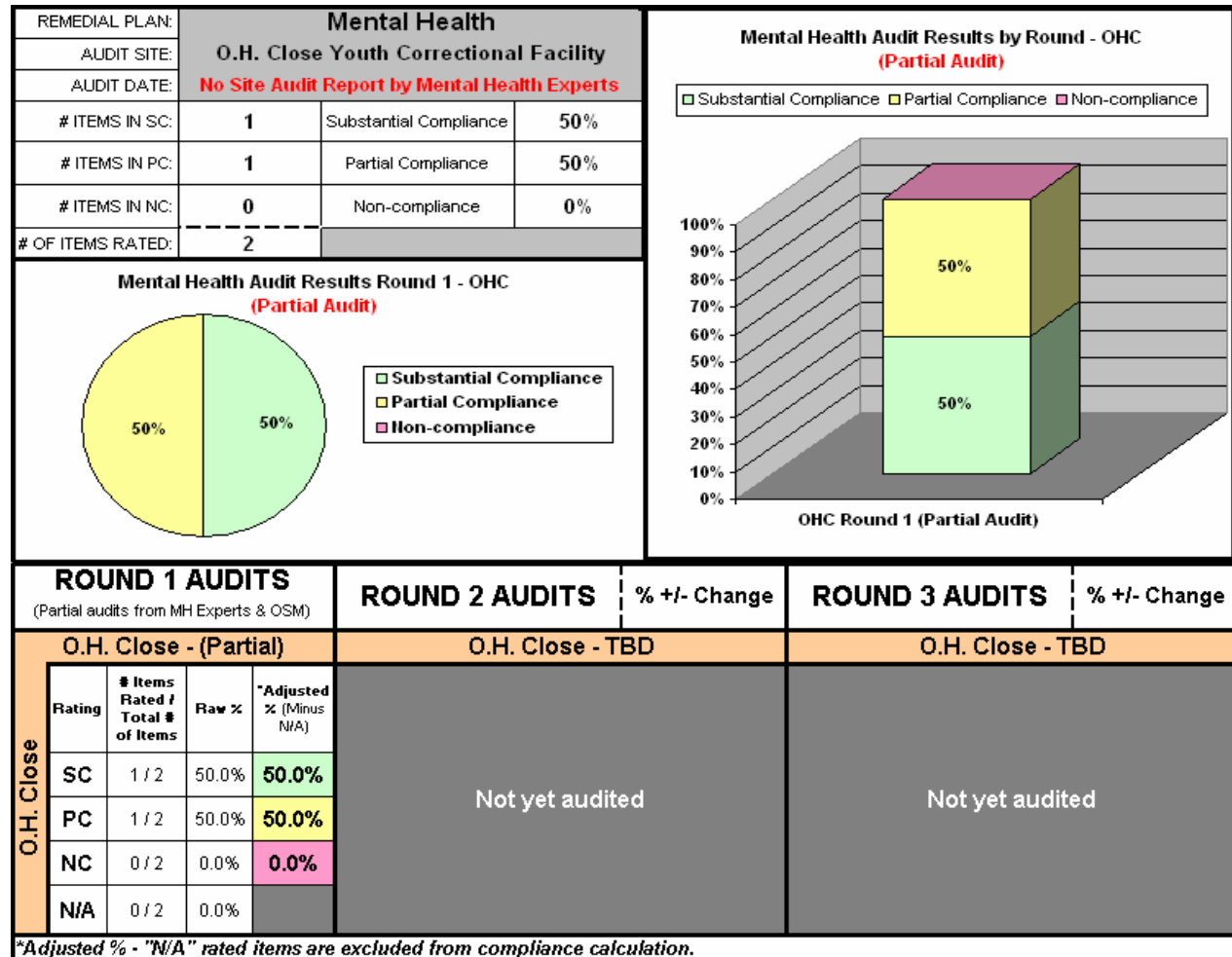


Figure 60: Mental Health Audit Results – O.H. Close Youth Correctional Facility

- The facility's Substantial Compliance percentage is 50%.
- The facility's Non-compliance percentage is 0%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 100%.
- These results are from just two (2) audit items which represents a very limited number and may not be a reliable indicator of progress.

HEMAN G. STARK YOUTH CORRECTIONAL FACILITY

The Mental Health Experts last audited the Heman G. Stark Youth Correctional Facility on October 2-3, 2008 but have not yet provided DJJ with the compliance data from this audit. The pie chart below identifies the compliance data received to date from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

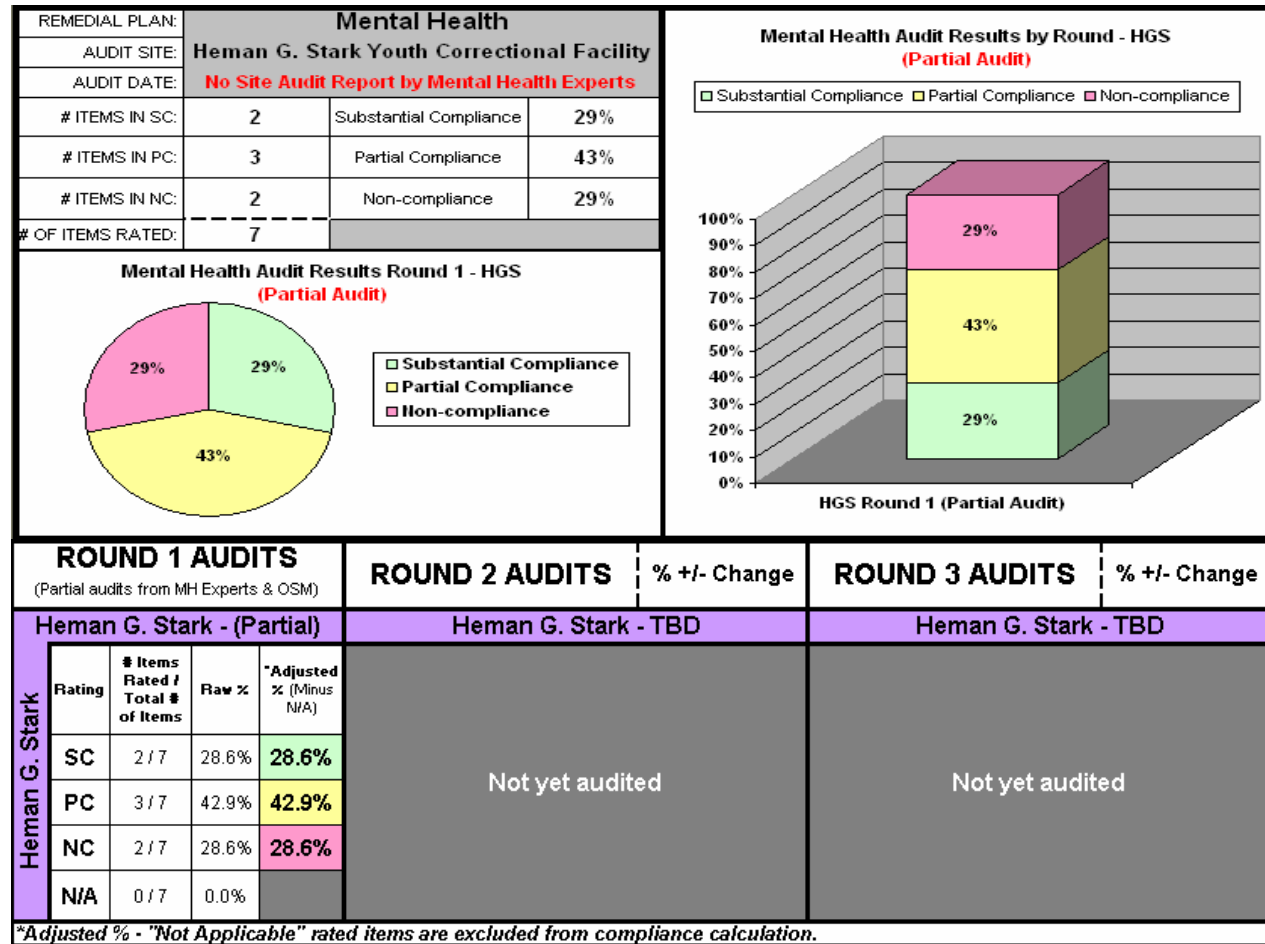


Figure 61: Mental Health Audit Results – Heman G. Stark Youth Correctional Facility

- The facility's Substantial Compliance percentage is 29%.
- The facility's Non-compliance percentage is 29%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 72%.
- These results are from just seven (7) audit items which represents a very limited number and may not be a reliable indicator of progress.

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER-CLINIC

The Mental Health Experts have not yet audited the Southern Youth Correctional Reception Center-Clinic but are scheduled to do so on December 12, 2008. The pie chart below identifies the compliance data received to date from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

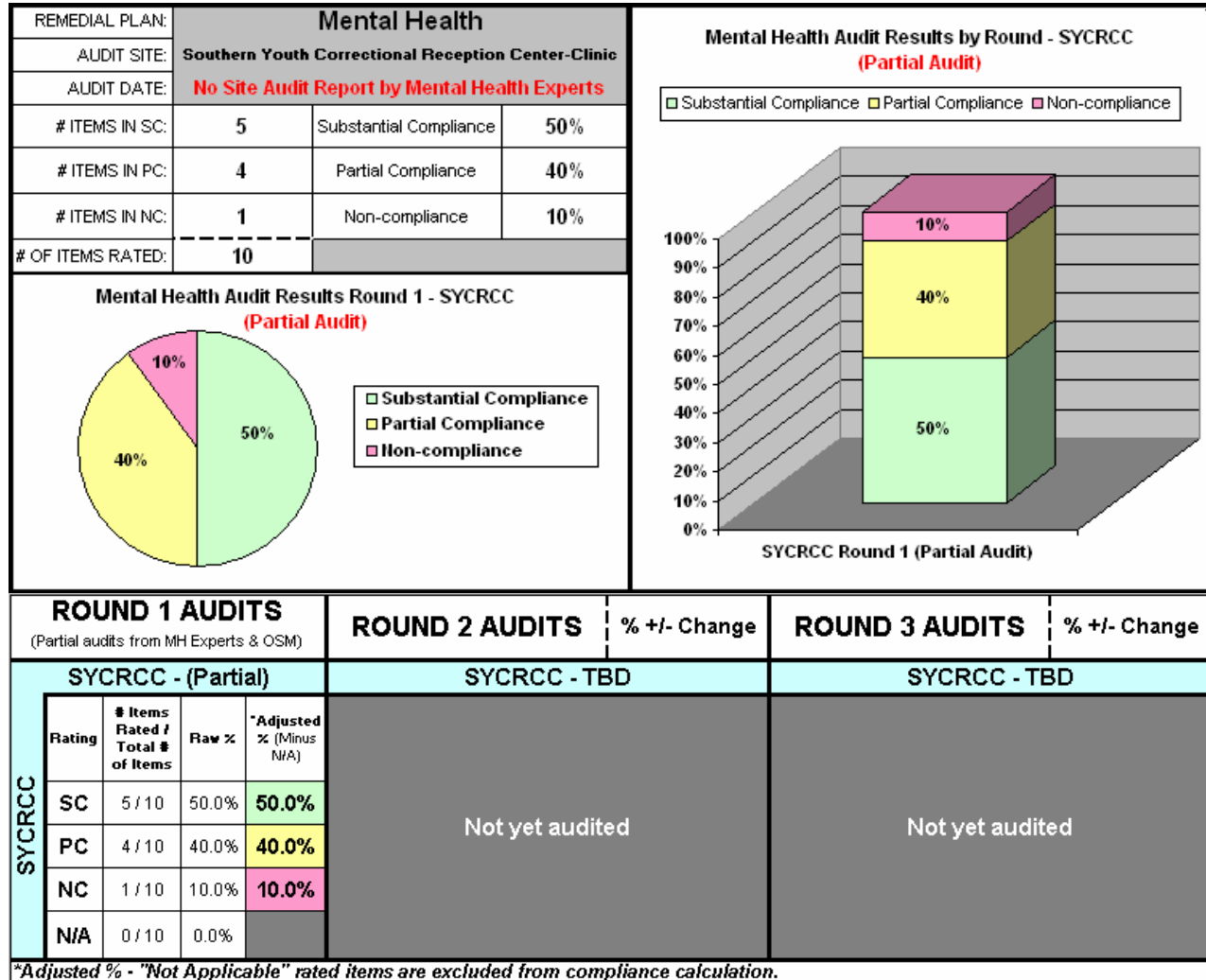


Figure 62: Mental Health Audit Results – Southern Youth Correctional Reception Center-Clinic

- The facility's Substantial Compliance percentage is 50%.
- The facility's Non-compliance percentage is 10%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 90%.
- These results are from just ten (10) audit items which represents a very limited number and may not be a reliable indicator of progress.

PRESTON YOUTH CORRECTIONAL FACILITY

The Mental Health Experts last audited the Preston Youth Correctional Facility on July 17-18, 2008 but have not yet provided DJJ with the compliance data from this audit. The pie chart below identifies the compliance data received to date from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

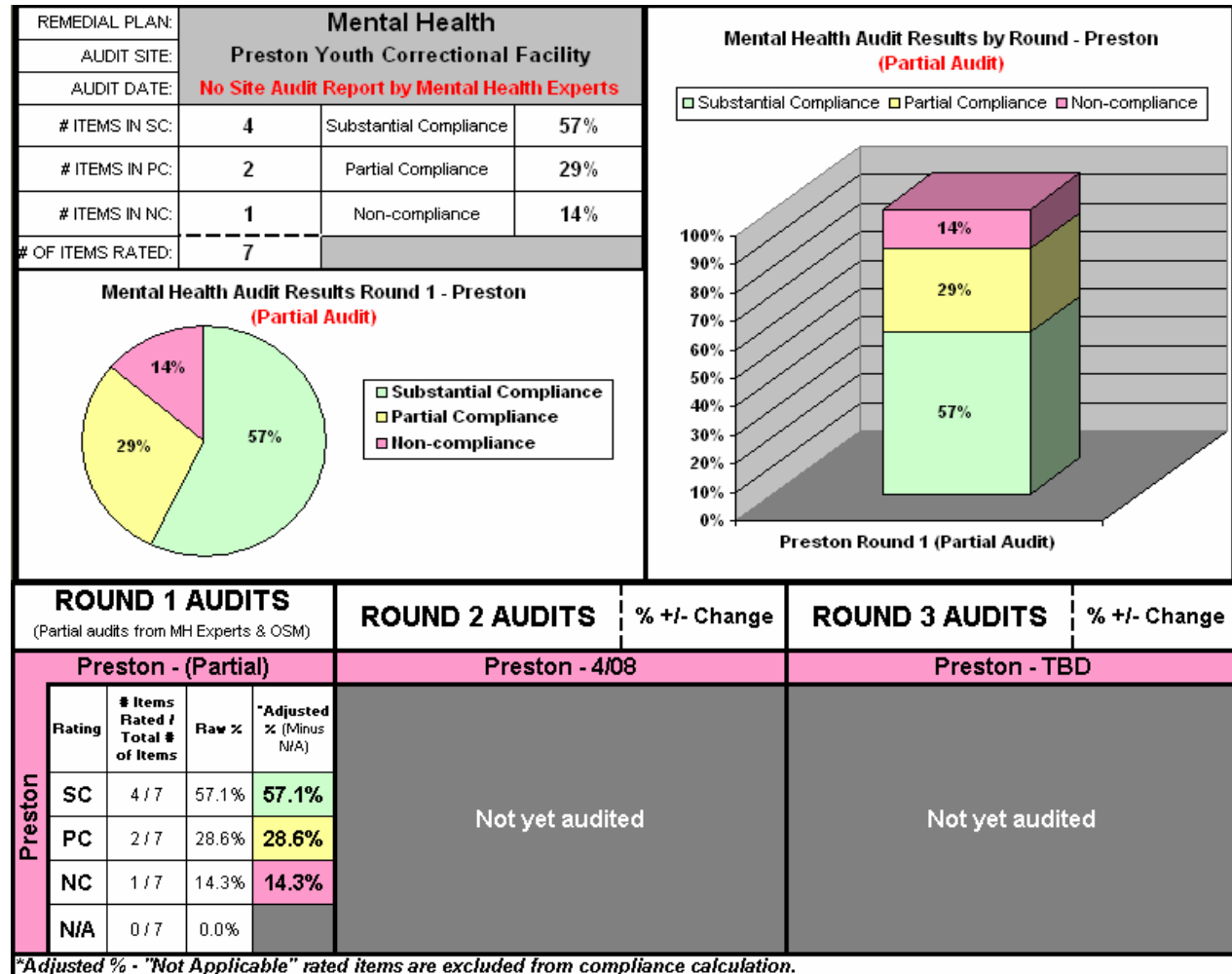


Figure 63: Mental Health Audit Results – Preston Youth Correctional Facility

- The facility's Substantial Compliance percentage is 57%.
- The facility's Non-compliance percentage is 14%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 86%.
- These results are from just seven (7) audit items which represents a very limited number and may not be a reliable indicator of progress.

VENTURA YOUTH CORRECTIONAL FACILITY

The Mental Health Experts have not yet audited the Ventura Youth Correctional Facility but are scheduled to do so on December 3-4, 2008. The pie chart below identifies the compliance data received to date from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

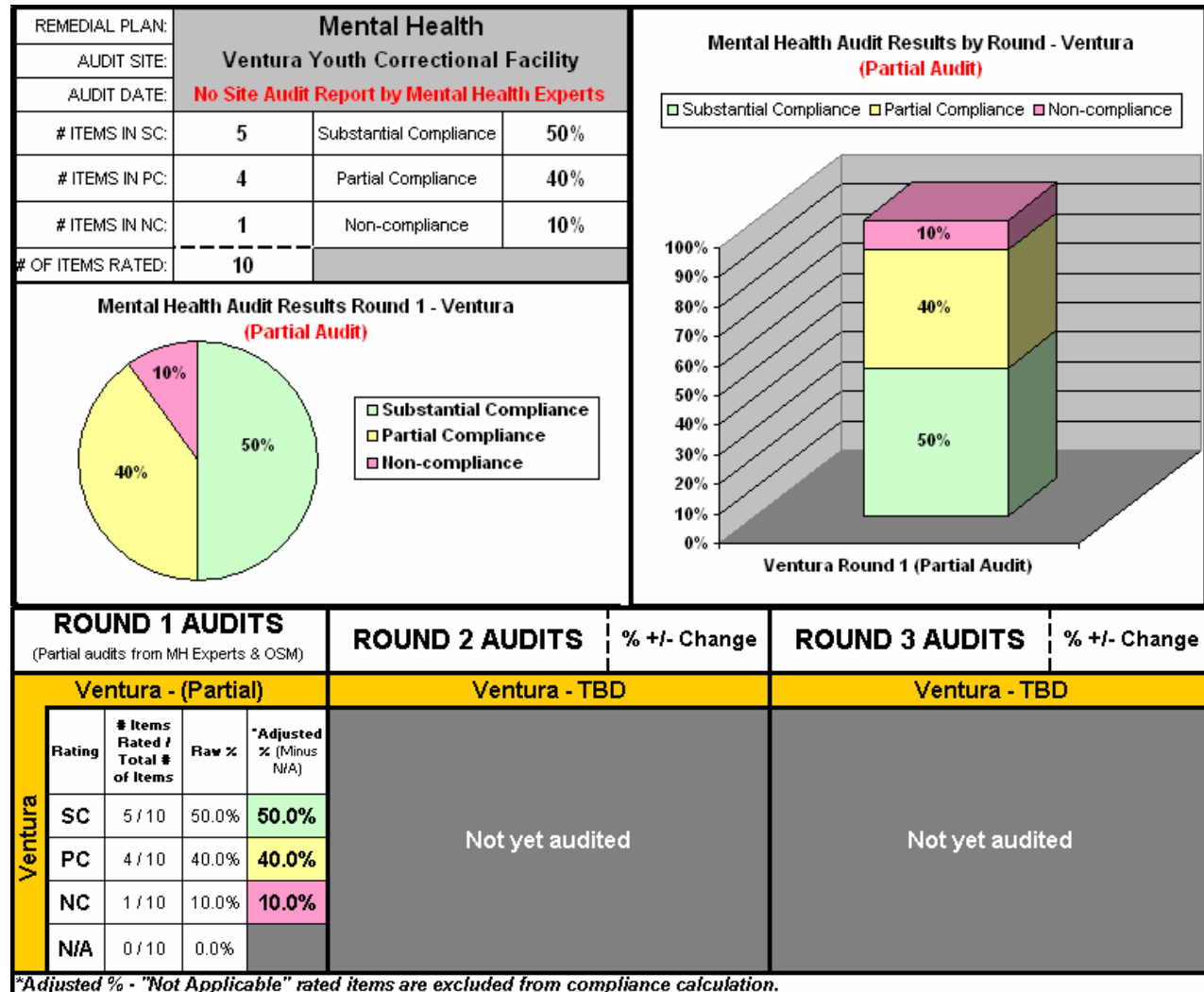


Figure 64: Mental Health Audit Results – Ventura Youth Correctional Facility

- The facility's Substantial Compliance percentage is 50%.
- The facility's Non-compliance percentage is 10%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 90%.
- These results are from just ten (10) audit items which represents a very limited number and may not be a reliable indicator of progress.

EL PASO DE ROBLES YOUTH CORRECTIONAL FACILITY

The Mental Health Experts have not audited the El Paso de Robles Youth Correctional Facility and will not do so in the future due to the facility's closure. The pie chart below identifies the compliance data received from the Mental Health Experts and the Special Master via their Headquarters visits. Because this was the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

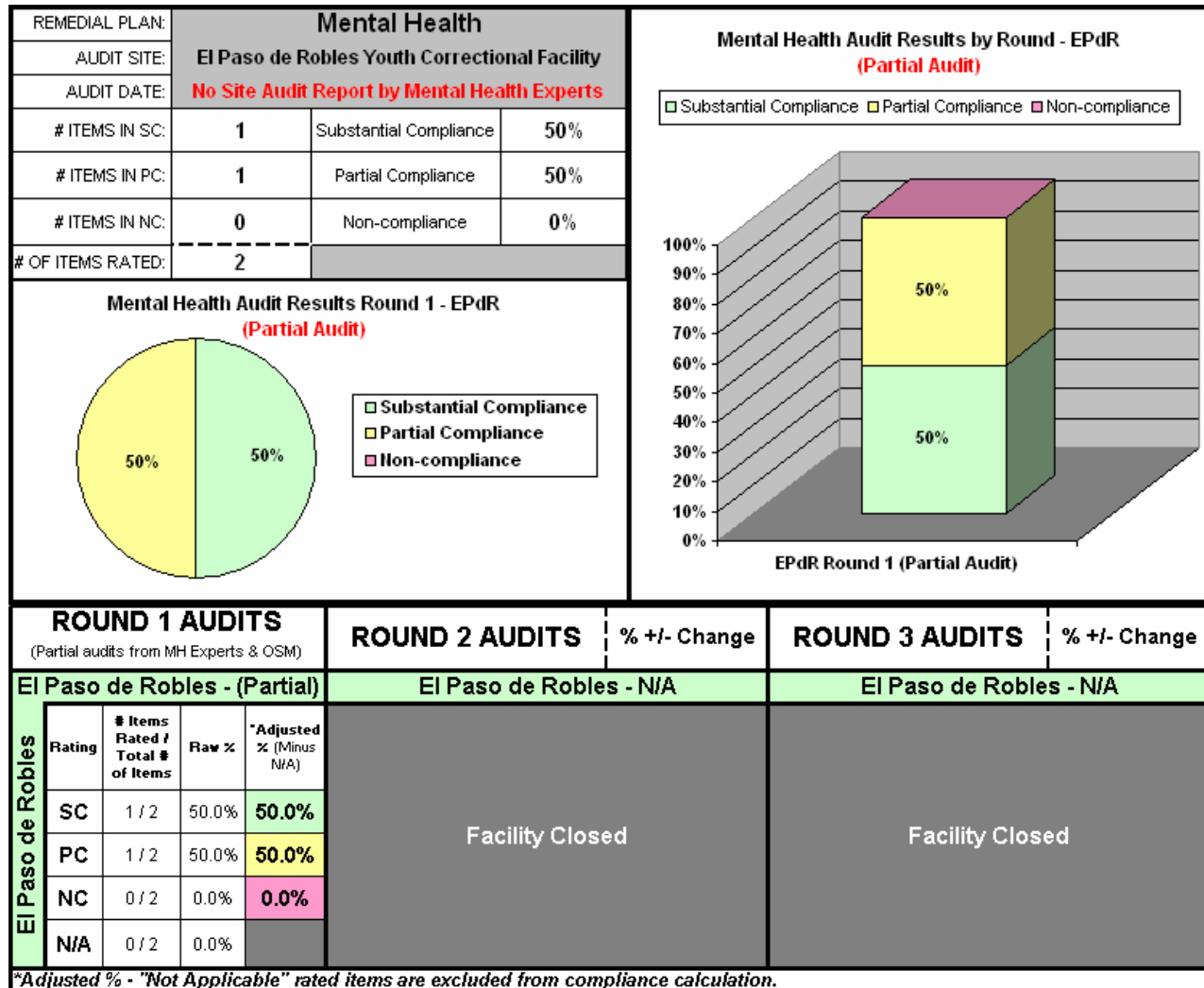


Figure 65: Mental Health Audit Results – El Paso de Robles Youth Correctional Facility

- The facility's Substantial Compliance percentage is 50%.
- The facility's Non-compliance percentage is 0%.
- The facility's combined Substantial Compliance and Partial Compliance percentages total 100%.
- These results are from just two (2) audit items which represents a very limited number and may not be a reliable indicator of progress. This facility has since been closed and will not be audited in future rounds.

DJJ HEADQUARTERS

The Mental Health Experts and the Office of the Special Master have made several visits to DJJ Headquarters over the last 18 months and have been able to assess the compliance level of some Headquarters-specific audit items as well as that of some facility audit items. The pie chart below identifies the compliance data received from the Mental Health Experts and the Special Master via their Headquarters visits. Because this is the first round of audits, the bar graph on the right illustrates the same results as that of the pie chart. Below these graphs are the statistical data associated with these audit results.

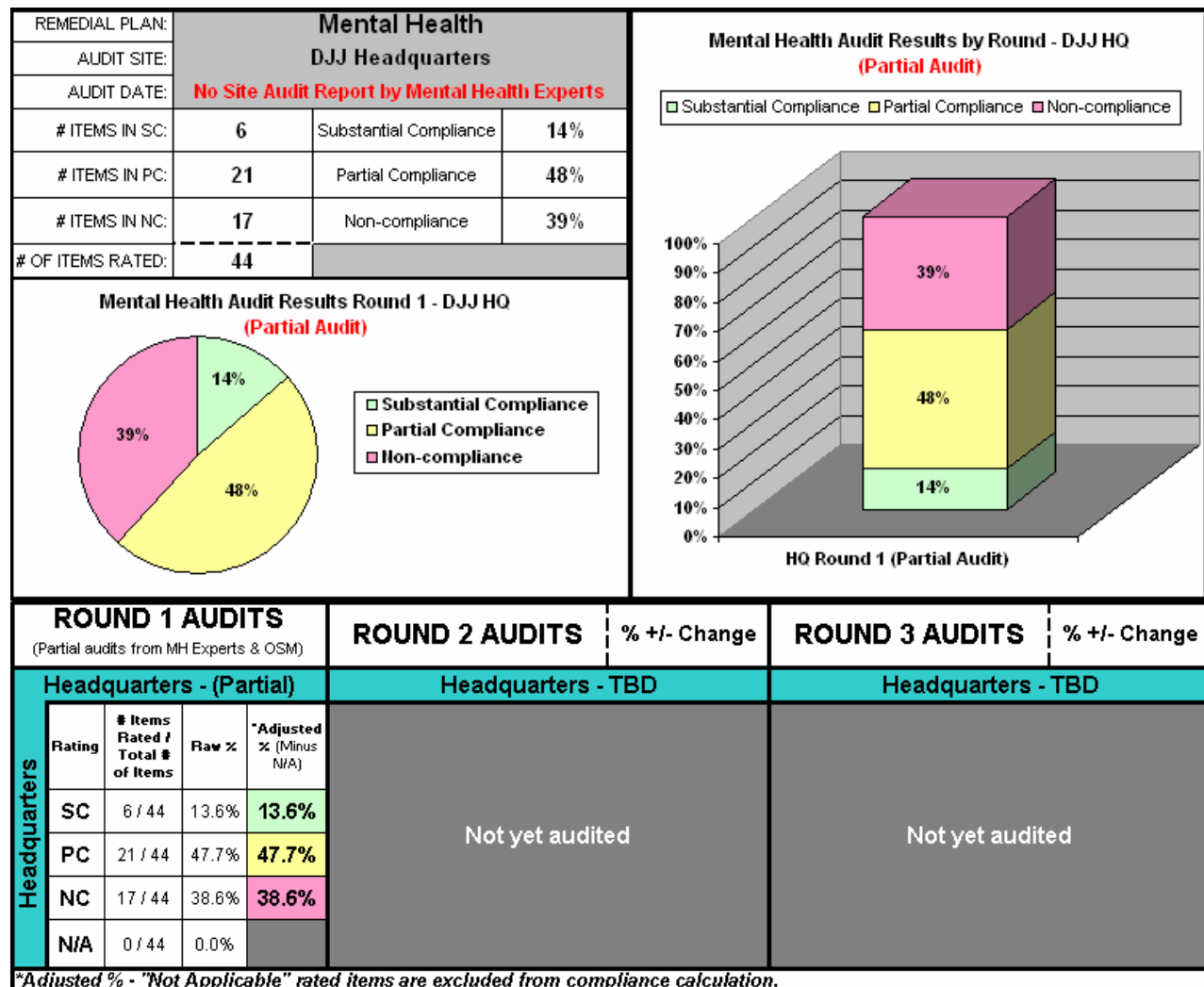


Figure 66: Mental Health Audit Results – DJJ Headquarters

- Headquarters' Substantial Compliance percentage is 14%.
- Headquarters' Non-compliance percentage is 39%.
- Headquarters' combined Substantial Compliance and Partial Compliance percentages total 62%.
- These results are based on only 44 audit items, which is a very limited number and may not be a reliable indicator of progress.

2.6.4 Expert Feedback

DJJ has not received any audit reports from the Mental Health Experts or any other monitor of the Mental Health Remedial Plan during the last quarter.

2.6.5 Status of Specific Action Items

Relieved Items

In the Consent Decree, on page 11, paragraph 23, it states:

“When a facility is found to be in substantial compliance on an issue for one full year, and is found to remain in substantial compliance after review by the relevant expert(s) one year later, expert tours regarding that issue at that facility shall end.”

A “relieved” audit item is the term used when an audit item has met or exceeded the two-year Substantial Compliance threshold, and the appropriate expert has formally noted that the audit item is removed from that expert’s future monitoring.

Currently, none of the Mental Health audit items meet the time threshold to be deemed relieved by the Mental Health Experts or any other monitor of the Mental Health Remedial Plan.

Audit Items in Substantial Compliance Two Years or Longer

Since this is the Mental Health Experts’ first round of audits, there are no audit items that have met this time threshold.

Items Removed from Relieved Status

Since this is the Mental Health Experts’ first round of audits, there are no audit items that have met the time threshold, as identified in the Consent Decree, to be eligible to be relieved from future monitoring at this time.

Statewide Compliance Items

The Mental Health Experts have not completed their first round of audits therefore DJJ is not able to identify the audit items that would qualify as being in Statewide Compliance.

Action Items with Majority Rating of Non-compliance

The Mental Health Experts have not completed their first round of audits therefore DJJ is not able to identify the audit items that would qualify as receiving the majority of its ratings for Non-compliance.

2.6.6 Proof of Practice

The following chart identifies the Mental Health-related Proof of Practice documents that have been sent to the Mental Health Experts and the Special Master during the last quarter. The Proof of Practice documents provide evidence of DJJ's efforts to come into compliance with the specific audit items in the Mental Health audit tool.

Mental Health Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
166	12-1	"Add or appoint senior administrator for plan implementation"	A one page memo dated June 18, 2007 from Ed Morales, M.D. with a subject line of, "New Administrative Lead for Farrell Implementation Plan."	7/3/08
168	5-20	"Collaborate with DMH to expedite transfers and facilitate transitions"	Two sets of documents entitled, "Record of Meeting Joint DJJ/DMH Quarterly Meeting." One set is dated January 30, 2007 and the other set is dated August 28, 2007.	7/3/08
191	5-3	"Develop and implement policy regarding forensic evaluations"	#1 – Draft policy, "Forensic Evaluation – WIC 1800/1800.5 (22 pages), #2 – Jurisdiction / Authorized Confinement Record (1 page), #3 – Forensic Evaluation Summary (2 pages), #4 – I&C Board Order (1 page), #5 – Mental Health Referral (1 page), #6 – Notice of Order of Court – County Jail Housing (2 pages), #7 – WIC 1800 Referral Form (1 page), #8 – WIC 1800/1800.5 Tracking Log (2 pages), and #9 – Y.A. 1.411 Referral Document (1 page). PLEASE NOTE – DJJ is respectfully requesting that the Mental Health and SBTP Experts provide feedback by COB of July 25, 2008.	7/24/08
192	5-2	"Develop treatment hierarchy"	#1 – Draft policy, "Treatment Guidelines in Psychopharmacology" (23 pages), #2 – Authorization for Tier III/IV Psychopharmacologic Treatment (1 page), #3 – Draft Abnormal Involuntary Movement Scale (AIMS) (1 page), #4 – Draft Appendix A: JV-220 (2 pages), #5 – Draft Appendix B: Common Drug Formulary Psychotropic Medications (2 pages), #6 – Draft Appendix C – Laboratory Monitoring Protocols (1 page), #7 – JV-219-Info: Information About Psychotropic Medication Forms (2 pages), #8 – JV-220: Application Regarding Psychotropic Medication (1 page), #9 – JV-220(A): Prescribing Physician's Statement – Attachment (3 pages), #10 – JV-221: Proof of Notice: Application Regarding Psychotropic Medication (2 pages), #11 – JV-222: Opposition to Application Regarding Psychotropic Medication (1 page), #12 – JV-223: Order Regarding Application for Psychotropic Medication (1 page), #13 – Draft Appendix D: JV-220 & JV-2190Info (2 pages), #14 – Course of Treatment Consent Form For: Depression (Youth) (2 pages), #15 – Course of Treatment Consent Form For: Depression (Parent/Legal Guardian) (3 pages)	7/24/08
	8-1b	"Coordinate psychopharmacological policy with HC Services Plan"		

Mental Health Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
194	Per Consent Decree	<i>"By November 1, 2004, Defendant shall develop policies and procedures to immediately provide for the treatment and management of wards on suicide watch and those with acute psychiatric needs" (p. 4)</i>	Suicide Prevention, Assessment, and Response (SPAR) policy statement and related forms. Includes drafts of the following: 1 – Policy statement entitled "Suicide Prevention, Assessment and Response" (28 pages); 2 – Form YA 8.271, "Critical Factors Assessment for Determining Need for Mental Health Evaluation" (1 page); 3 – Form (YA) DJJ 8.286, "SPAR: 15-Minute Suicide Watch Record" (2 pages); 4 – Form YA 8.281, "Suicide Risk Screening Questionnaire" (2 pages); 5 – Form DJJ 8.002, "Clinicians' Orders" (1 page); 6 – Form DJJ 8.003, "Interdisciplinary Chronological Progress Notes" (page 1); 7 – Form DJJ 8.023, "Intrasystem Transfer Screening" (1 page); 8 – Form DJJ 8.031, "Receiving Health Care Screening" (1 page); 9 – Form DJJ 8.036, "Serious Incident Report" (1 page); 10 – Form DJJ 8.039, "Mental Health Referral" (1 page); 11 – "Mental Health Peer Review Form" (2 pages); 12 – "Suicide Risk Response Tracking Log" (1 page); 13 – Form YA 8.228, "SPAR: 5-Minute Suicide Watch Record" (2 pages); 14 – "Focal Treatment Plan: Suicide Watch" form (2 pages); 15 – "Focal Treatment Plan: Follow-Up Status" form (2 pages); 16 – "Focal Treatment Plan: Suicide Precaution" form (2 pages); and 17 – "Suicide Risk Response Release Treatment Plan" form (2 pages).	8/4/08
197	4-2	<i>"Establish policy/process to receive & share MH info with counties"</i>	1 – Case Services' Section Contribution for Mental Health Remedial Action Plan task numbers 4.2., 4.2b, and 4.3 (2 pages); 2 – Intake and Court Liaison Contact Log for August 2006 through May 2008 (10 pages); 3 - Intake and Court Liaison Contact Log for August 1, 2006, thru November 30, 2007 (2 pages); 4 – TDO # 06-70 (11 pages)	8/4/08
	4-2a	<i>"Consultation with local governmental entities"</i>		
	4-2b	<i>"Policy/process adopted"</i>		
	4-3	<i>"Implement policy/process to receive & share MH info with counties"</i>		
	8-1b	<i>"Coordinate psychopharmacological policy with HC Services Plan"</i>		
201	8-1b	<i>"Coordinate psychopharmacological policy with HC Services Plan"</i>	#1 – A 41-page draft copy of the Psychopharmacology Treatment Guidelines policy. #2 – A one page flow chart entitled "Psychopharmacology Treatment. #3 – Appendix A: JV-220 Application Procedure (2 pages). #4 – Appendix B: DJJ Common Drug Formulary Psychotropic Medications (2 pages). #5 – Appendix C: Laboratory Monitoring Protocols (1 page). PLEASE NOTE: DJJ respectfully requests feedback from Dr. Lee by August 22, 2008.	8/8/08
203	Per Consent Decree	<i>"By November 1, 2004, Defendant shall develop policies and procedures to immediately provide for the treatment and management of wards on suicide watch and those with acute psychiatric needs" (p. 4)</i>	A two page document authored by Dr. Juan Carlos Arguello and entitled, "Lessons Learned, Suicide Prevention and Response Policy Pilot Program Chaderjian Juvenile Correctional Facility.	8/4/08

Mental Health Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
204	8-2b	<i>"Develop/modify policies and procedures in selected areas for youth with mental health issues: Disciplinary process"</i>	<p>1 – Memorandum, dated August 1, 2008, subject: "Disciplinary Decision Making System (Case Number 140)," issued by Brigid Hansen, announcing revisions to DJJ policy entitled "Disciplinary Decision Making System (DDMS)" and requesting review (1 page); 2 – Draft of DDMS, Section 7300 (22 pages); 3 – Draft of DDMS Procedures, Section 7305 (34 pages); 4 – "Appeal Board Order/Action" (DJJ Form 1.310C) (1 page); 5 – "Juvenile Justice Administrative Committee Review (DJJ Form 1.320) (2 pages); 6 – "Institutional Summary of Level 3 DDMS Actions" (DJJ Form 1.604) (1 page); 7 – "Investigation Report" (DJJ Form 8.402) (1 page); 8 – "Level 2 Intermediate Misconduct Behavior Report" (DJJ Form 8.403A) (1 page); 9 – "Level 3 Serious Misconduct Behavior Report" (DJJ Form 8.403B) (1 page); 10 – "Notice of Violation and Disciplinary Process" (DJJ Form 8.405) (1 page); 11 – "Report of Disposition and Review" (DJJ Form 8.406) (1 page); 12 – "Report of Findings" (DJJ Form 8.409) (1 page); 13 – "1st Level DDMS Appeal (Level 3)" (DJJ Form 8.410A) (1 page); 14 – "1st Level DDMS Appeal Response (Level 3)" (DJJ Form 8.410B) (1 page); 15 – "2nd Level DDMS Appeal (Level 3)" (DJJ Form 8.410C) (1 page); 16 – "Restoration of DDMS Time" (DJJ Form 8.411) (1 page); 17 – "DDMS – Staff Assistant Documentation" (DJJ Form 8.493) (2 pages); 18 – "Level 1 DDMS Appeal" (DJJ Form 8.509) (1 page); and 19 – "Level 2 DDMS Appeal" (DJJ Form 8.510) (1 page).</p> <p>PLEASE NOTE: The Mental Health Remedial Plan requires that DJJ give the Special Master and plaintiff's counsel an opportunity to review and comment upon the DDMS policy as it relates to mental health youth prior to finalization. Additionally, because the Mental Health, Safety & Welfare, and Wards with Disabilities Program Remedial Plans each contain language regarding the disciplinary system, DJJ would like feedback on the draft policy from the experts on each of those remedial plans. DJJ respectfully requests feedback from the reviewers by COB August 22, 2008. If the parties feel it necessary to have a meeting to discuss please contact Doug Ugarkovich and he will assist in setting up the meeting. DJJ will also send out hard copies of these documents to all the parties in tomorrow's mail.</p>	8/12/08
210	5-18	<i>"Develop Program Service Day Schedule for MH living units"</i>	Memorandum, dated August 7, 2008, from Bernard E. Warner, Chief Deputy Secretary, subject: "Program Service Day" (1 page).	8/11/08
211	5-2	<i>"Develop treatment hierarchy"</i>	A two page draft document titled, "Targeting Behaviors Using A Treatment Hierarchy."	8/12/08
239	8-1b	<i>"Coordinate psychopharmacological policy with HC Services Plan"</i>	<p>1 – Appendix B: "Division of Juvenile Justice Common Drug Formulary Psychotropic Medications" (2 pages); 2 – "Course of Treatment Consent Form for Psychotic Disorder (Parent or Legal Guardian)" (4 pages); 3 – "Course of Treatment Consent Form for Psychotic Disorder (Youth)" (4 pages); 4 – "Course of Treatment Consent Form for Depression (Parent or Legal Guardian)" (4 pages); 5 – "Course of Treatment Consent Form for Depression (Youth)" (4 pages); 6 – Form JV-219-Info: "Information About Psychotropic Medication Forms" (2 pages); 7 – Form JV-220: "Application Regarding Psychotropic Medication" (1 page); 8 – Form JV-220(A): "Prescribing Physician's Statement – Attachment" (3 pages); 9 – Form JV-221: "Proof of Notice: Application Regarding Psychotropic Medication" (2 pages); 10 – Form JV-222: "Opposition to Application Regarding Psychotropic Medication" (1 page); 11 – Form JV-223: "Order Regarding Application for Psychotropic Medication" (1 page); 12 – DJJ Form 8.XXX: "Abnormal Involuntary Movement Assessment" (1 page).</p>	9/10/08
255	N/A	N/A	1 – Draft of newly revised document entitled, "Key Audit Items – Mental Health: Reporting Tool Implied by Expert's Identification of Top Priority Items" (1 page).	10/1/08

Mental Health Proof of Practice Documents Submitted During the Last Quarter				
#	Section	Audit Item Description	Documents Submitted	Date
258	N/A	N/A	<p>1 – The most recently issued PbS report, dated 05/26/2008, for Preston Youth Correctional Facility (113 pages); 2 – Use-of-force statistics for all facilities, including Preston, for both the first quarter (11 pages) and second quarter (11 pages) of 2008; 3 – The Quarterly Statistical Report for Preston for the first half of 2008 for the mental health units at Preston (2 pages); 4 – IFRC Review and Analysis reports for the Sequoia (33 pages), Redwood (8 pages), and Oak (4 pages) mental health units at Preston, each of which contain narratives describing use-of-force incidents involving youth; 5 – Three sets of documents, with a memorandum attached to each, subject: “Department Force Review Committee (DFRC) Results,” containing DJJ Headquarters’ use-of-force review for incidents involving Preston mental health youth for March 2008 (72 pages), April 2008 (94 pages), and May 2008 (116 pages); 6 – Census data sheets, broken down according to Preston living units, for July 17, 2008 (2 pages), and July 18, 2008 (2 pages).</p>	10/1/08
268	N/A	N/A	<p>1 – A memorandum, dated October 7, 2008, from Robert E. Morris, M.D., Health Care Director of DJJ’s Health Care Services, to all DJJ Health Care staff and Superintendents; subject: “Return of Dr. Ed Morales to Chief Psychiatry Position and My Personal Thanks to Drs. Arguello and Connor” (1 page).</p>	10/16/08

2.6.7 Summary and Application of Audit Findings

DJJ is looking forward to receiving the Mental Health Experts’ facility audit reports. These reports will provide valuable information that DJJ can use to better meet the requirements established in the Mental Health Remedial Plan. DJJ’s Mental Health leadership has developed a positive working relationship with the Mental Health Experts and will work to strengthen that relationship and work collaboratively as it moves forward in implementing the Mental Health reforms.

2.7 Reform Management

2.7.1 Section Purpose

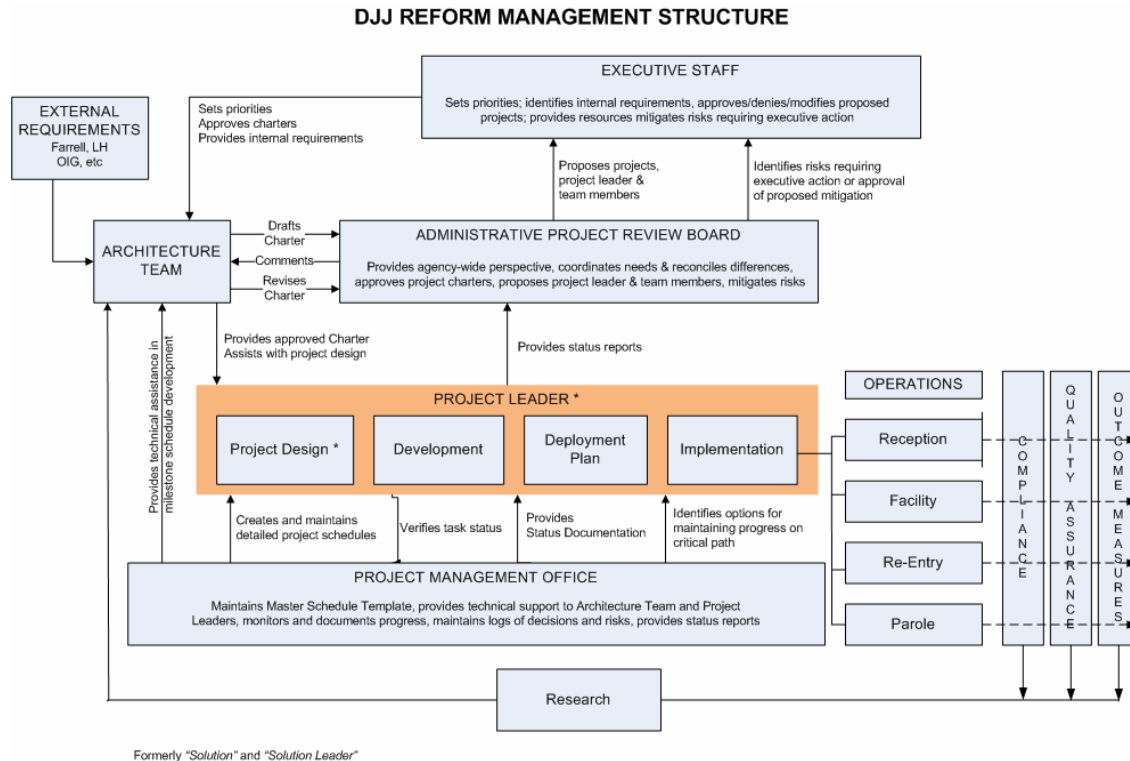
This section documents progress achieved during the reporting period in completing the action items within the six Farrell Remedial Plans by the agreed-upon due dates. The following table indicates the total number of action items per plan and the total number of action items that have due dates:

Remedial Plan	Number of Action Items	Number of Action Items with Due Dates
Education Services	115	12
Sex Behavior Treatment	53	0
Wards with Disabilities	122	25
Health Care Services	205	0
Safety and Welfare	227	225
Mental Health	118	118
Totals	840	380

2.7.2 Managing the Due Dates

In the First and Second Quarter 2008 Quarterly Reports, issued in April and July 2008 respectively, this section contained an evaluation of the action item due dates provided in each of the six Farrell Remedial Plans. The April report evaluation explained that “most of the due dates were extremely optimistic and often unrealistic . . .” because the original date-setting process had not taken into account a structured project-planning process for which project dependencies and resource capacity were taken into consideration to determine when a project could be completed.

As reported in July 2008, DJJ has initiated efforts to establish a process to revise due dates that have not yet been met and provide amended due dates based on a structured project-planning process that was described in the report. During this quarter, significant continued effort has been made to extend the design of the structured planning process and to assign staff to appropriate roles within that structure. In September 2008, the Executive Team reviewed and approved a high-level diagram entitled, “DJJ Reform Management Structure” (see figure on the next page), that outlines the process and identifies the relationships amongst the involved entities. The Architecture Team has been established, with team members assigned. An Administrative Project Review Board (APRB) has also been established to ensure that all projects are coordinated to achieve the desired outcome. Many discussions have taken place to determine detailed processes and procedures to use within the designed structure. At this time, further effort remains to complete the detailed procedures for the structured planning process to ensure that all projects have the benefit of being able to apply this control structure.



Under this control structure, projects will be properly identified by the Architecture Team to meet all identified requirements including all the action items identified in the six *Farrell* Remedial Plans. Identified projects will be reviewed by the Administrative Project Review Board to ensure that every project properly considers all the areas that it may impact. The result desired from this APRB review is consistency and completeness in the execution of programs and treatments in all areas of the DJJ.

2.7.3 Progress Identification

To initiate the architecture process, a list of 469 current activities, called "Work in Progress," was produced by gathering together multiple sources of information across the organization. The Architecture Team evaluated this list of activities and sorted them into four categories:

- Project;
- Concept – Not a Project;
- Regular On-going Work; and
- Work Already Completed.

Projects and concepts were combined with other projects when appropriate, and the resulting projects were categorized as either 1) Projects that require a charter or 2) Projects that will continue as initially planned.

Simultaneously, a Requirements Repository was also developed and populated with the 840 *Farrell* action items as requirements that need to be met. The Architecture Team evaluated the list and developed two matrix documents that structure these requirements into groupings broken down as follows: Process, Function, Location, and Responsibility. These groupings assist the Architecture Team in determining the charters needed and ensures that all of the necessary *Farrell* requirements are incorporated into the projects.

Based on an initial prioritization, the Architecture Team has completed the following charters:

- Program Service Day
- Suicide Prevention, Assessment, and Response Policy
- Behavior Treatment Program; and
- Treatment Confidentiality Policy.

The first three charters have been reviewed and approved by the Administrative Project Review Board and the Executive Management Team. The Treatment Confidentiality Policy is in the approval process. Charters for Classification and the Sexual Behavior Treatment Program Guide are in development.

3 ACTIONS TAKEN

3.1 Education Services Remedial Plan Accomplishments

1. Education Services Remedial Plan Significant Accomplishments

The Education Services Remedial Plan was filed with the Court on March 1, 2005. DJJ has made great strides in achieving a number of significant goals during the course of implementing the requirements of this plan. Accomplishments during the last quarter include:

- **Behavior Management System in All Classrooms** (*Education Services Standards and Criteria, Section III, Item 3.33, and Safety & Welfare Standards and Criteria, Section 8.4b*)

The Education Services Remedial Plan requires a written policy, procedure, and practice to provide a structured positive behavior management system in each classroom statewide.

In addition, both the Education Services Remedial Plan and the Safety & Welfare Remedial Plan mandate the establishment of a Ward Incentives Plan. The goal of the Wards Incentives Plan is to encourage youth to engage in socially acceptable behavior and participate in DJJ's education and rehabilitation programs and to do so by providing positive incentives and rewards to the youth who do so successfully.

DJJ developed a Ward Incentives Plan and implemented it in June 2005 as part of the November 2004 Court Stipulation. DJJ later renamed the Ward Incentive Plan as the Youth Incentive Program after the final policy was adopted in 2008. The Executive Management Team approved the implementation of the program in April 2008, designating it as the structured, positive behavior management system that will be used in all of DJJ's classrooms, facility programs, and custody operations. DJJ staff who are involved in direct services will receive training in the application of the program on an on-going basis.

Already, the program has begun to have a positive impact in the facilities among the youth. To highlight all the successes that have been achieved since the Youth Incentive Program was initiated on May 22, 2008, the Director of DJJ's Division of Juvenile Facilities issued a memorandum, accompanied with a copy of the first issue of *Youth Incentive News*, Volume 1, Issue 1, a newsletter produced by DJJ that highlights and showcases youth participation in the Youth Incentives Program.

Based on the successful implementation thus far of the program, DJJ is confident that the program will continue to blossom with the energetic involvement of the youth. DJJ will continue to monitor the progress of the program with the use of quarterly meetings with all Youth Incentive Program Coordinators as well as quarterly reporting.

- **Alternative Behavior Learning Environment** (*Education Services Standards and Criteria, Section III, Item 3.34*)

The Alternative Behavior Learning Environment (ABLE) program provides opportunities for students to continue their learning when they are in need of an alternative education location due to regular classroom behavioral issues. Under the direction of DJJ's Education Services, ABLE was staffed and commenced operation at all youth correctional school sites in August 2008 at the start of the school-year.

ABLE's primary focus is to encourage the student to remain in the classroom setting and to reinforce and encourage compliant, cooperative behaviors. ABLE provides DJJ staff with the opportunity to intervene and redirect youth from engaging in disruptive behavior to engaging in positive behavior while maintaining the integrity of classroom education. In addition, the ABLE program provides interim opportunities for staff to correct any behavioral issues that a youth may have before having to invoke the Disciplinary Decision Making System (DDMS). Staff do so by immediately providing known and understood consequences in the event that the student elects to disrupt the classroom learning environment.

For example, rather than removing a disruptive student and placing him in a non-classroom environment, the ABLE program allows the student to be sent from the classroom to another location where he/she can ponder and reflect on the issue or work on school assignments in a safe and quiet area.

Within the ABLE program, Education support staff are available to counsel youth about the behaviors that resulted in him/her being sent to ABLE. They are also available to discuss any other issues that may be affecting the youth. If the student's behavior sufficiently improves while in ABLE, he/she will be returned to the regular classroom, and DDMS will not be invoked.

To ensure the successful implementation of ABLE, Education Services' Mentor Teachers provide on-going guidance to ABLE teachers at the facilities. The Mentor Teachers worked closely with Education Services and were instrumental in helping to develop the ABLE program.

The Mentor Teachers will meet on November 12 and 13, 2008, to evaluate the ABLE data and to initiate the ABLE policy development process. Based on the outcome of this evaluation, revisions to the program will be made as necessary. Subsequently, any required technical assistance or training will be provided at each school to ensure that ABLE continues to develop and improve. The target completion of the ABLE policy is April 2009.

The July 2008 Quarterly Report stated that DJJ staff would provide training and consultation for the successful implementation of ABLE during this reporting period, from July 1, 2008, through September 30, 2008. However, on July 25, 2008, the Secretary issued a memorandum entitled, "Cost Control Directives," which put a moratorium on all travel, including for training, due to this year's recent Statewide budget delays. Specifically, the Secretary stated, "All travel associated with training is suspended until the state budget is approved." Under this directive, no exceptions were granted for activities related to the *Farrell* lawsuit.

After several months, when the State budget was passed, the Secretary was able to lift the moratorium on travel, and he issued another memorandum, dated September 24, 2008, entitled, "Modification of Cost Savings Directives." Under these new directives, the ban on travel was lifted, and ABLE training and consultation were allowed to commence once more. Despite the set-back caused by the moratorium on travel, DJJ anticipates that it will be able to provide both the ABLE training and consultation by December 2008.

- **Program Service Day** (*Education Services Standards and Criteria, Section III, Item 16; Safety & Welfare Standards and Criteria, Sections 6, Items 2a, 2b, 2c & 6; Mental Health Standards and Criteria, Section 5, Item 18*)

The Safety & Welfare, Education Services, and Mental Health Remedial Plans require DJJ to implement a Program Service Day for youth at each facility. The goal of the Program Service Day is to provide flexibility in scheduling youth into school, individual and group counseling, case conferences, and other activities during the hours that program staff are on duty. It is intended to minimize conflicts while ensuring that youth receive necessary treatment and rehabilitation services while also being constructively active during most of their waking hours.

The pilot program was implemented at the Preston Youth Correctional Facility on August 11, 2008, with positive results. Because of the successful implementation of the pilot Program Service Day at the Preston Youth Correctional Facility, DJJ has scheduled it to be fully implemented at all other remaining facilities starting in the Spring of 2009.

- **Teacher Monitoring Standards & Criteria Item(s)** (*Education Services Standards and Criteria, Section IV, Item 4.2*)

The Education Services Remedial Plan requires quarterly classroom observations.

To ensure that the Teaching Monitoring Standards and Criteria are met, in June 2008, Education Services directed all school principals to develop a schedule and to consistently conduct quarterly classroom observations based on a rubric that was generated from the *California Standards for the Teacher Profession*.

The *California Standards for the Teacher Profession* is a report produced by the California Department of Education that puts forth standards for teaching that is based on current pedagogical research and expert advice pertaining to best teaching practices. The goals of both the *California Standards for the Teacher Profession* as well as DJJ are to ensure that teachers are responsive to the diverse cultural, linguistic, and socio-economic backgrounds of all students and also to create an inclusive environment in classrooms that encourage students of diverse backgrounds and varying abilities to be engaged and challenged as learners.

During a principals' meeting on August 28, 2008, Education Services reminded the principals that teacher observations for the first quarter of the school year were to be completed by October 27, 2008. To ensure consistency, Education Services management will monitor compliance with this directive and provide a report of its status.

- **Distance Learning Courses – Instructional Education** (*Education Services Standards and Criteria, Section IV, Items 4.16, 4.17, 4.18*)

DJJ has been conducting distance-learning presentations for transition classes and regular classes at Johanna Boss High School at O.H. Close Youth Correctional Facility and at Jack B. Clark High School at Southern Youth Correctional Reception Center and Clinic. DJJ's Education Services monitors these presentations to ensure that quality standards are met. Restricted program students at N.A. Chaderjian High School began participating in these distance-learning class presentations during October 2008.

Distance learning is operational within the confines of each school's Student Network. High-speed digital signal lines (DS-3 or T3) have been installed at all DJJ facility schools, except for Mary B. Perry High School at Ventura Youth Correctional Facility. DS-3 is a digital communications link that supports data transmission rates of about 43 to 45 megabits per second. DS-3 lines increase bandwidth and allow more classes to run simultaneously. DJJ expects that DS-3 lines will be fully operational at Mary B. Perry High School by November 2008.

In addition, DJJ's Educational Technology Plan calls for Education Services to provide virtual field trips for students. Virtual field trips allow students to visit other places and talk with content-area experts without physically having to leave the facility.

DJJ made arrangements to initiate the first three distance-learning virtual field trips for students. However, during preliminary testing of existing network equipment, it was discovered that additional equipment and configurations were needed to transverse the network's security systems. The required transversal equipment has been purchased and delivered to EIS. EIS has installed and configured the equipment.

2. Items in Progress

- **Superintendent of Education** (*Education Services Remedial Plan, p. 6 and p. 23*)

Over the past four years, DJJ has made major attempts to recruit for and fill the currently vacant position of Superintendent of Education. On two occasions, DJJ launched recruitment efforts on a national level, but these efforts failed to produce any viable candidates.

After several unsuccessful attempts to fill the position, DJJ requested approval to make the position exempt. Under California state law, exempt positions are not covered by civil service laws and rules and therefore are not subject to civil service requirements. DJJ's request to make the position of Superintendent of Education exempt was ultimately granted by CDCR Executive Recruitment and controlling agencies on December 28, 2006.

After being granted permission to make the position exempt, DJJ launched its third effort at recruitment at the national level to fill the position, starting on April 27, 2007. These efforts brought forth a number of candidates. Nonetheless, at the end of the interviewing process, it was determined that the candidates who applied for the position between February 2007 and December 2007 were not suitable for recommendation to the Governor's Office.

To increase the competitiveness of the candidate pool, a salary survey was completed for the position, and based on the results of this survey, DJJ's next step will be to initiate new recruitment efforts and administer a new examination.

Until the vacant position is filled, DJJ has appointed an Acting Superintendent and will ensure that leadership is in place until the position can be filled on a permanent basis.

- **Access to Courts and Law Library** (*Safety & Welfare Standards and Criteria, Section VIII, Items 8.7.1a, 8.7.1b, 8.7.1c, 8.7.2, 8.7.5, 8.7.6a, 8.7.7*)

A memorandum outlining DJJ's procedures for providing youth with access to law library materials was issued on September 8, 2008, by Education Services to DJJ's Division of Juvenile Facilities. The memorandum requested that the Division of Juvenile Facilities review the policy and provide feedback. A review was performed, and the Division of Juvenile Facilities submitted the results to Education Services on September 9, 2008. It is anticipated that the completed procedural memorandum regarding law library access will be finalized and distributed to all facilities by Friday, October 10, 2008.

The majority of funds in the budget for DJJ's Education Services are categorical funds. These categorical funds cannot be used for the purchase of legal materials that are required under the Safety & Welfare Standards and Criteria.

The budget for Education Services also includes non-categorical funds. Non-categorical funds can be expended on items that otherwise could not be purchased because those items do not fall into categories for which funding was provided. Education Services' non-categorical funds contain insufficient amounts for the purchase of the periodic updates that would be necessary to keep all the law library information up to date.

As a result of the lack of adequate funding for the law library materials, Education Services submitted a memorandum to CDCR's Budget Management Office on June 11, 2008, requesting that \$150,000 be transferred per year from the Division of Juvenile Facilities' budget to Education Services' non-categorical fund for the purpose of purchasing and maintaining the electronic law library. Despite year-end fiscal management constraints, DJJ anticipates that the request submitted by Education Services will ultimately be approved and that the budget transfer will occur in or around November 2008.

- **Access to Electronic Law Library** (*Safety & Welfare Standards and Criteria, Section VIII, Item 8.7.5*)

At this juncture, DJJ is in the midst of reviewing its budget to determine whether there are sufficient funds to enable DJJ to keep both the hardcopy library updated as well as purchase an electronic law library system. DJJ's Executive Management Team is currently involved in making the necessary budgetary assessments.

In addition, to further explore the possibility of obtaining electronic law library materials, Education Services staff met with representatives from LexisNexis on July 7, 2008, then with representatives from Westlaw on July 8, 2008. Both LexisNexis and Westlaw are considered to be among the leading providers of law-related research materials. During discussions with each of these two companies, the topic of utilizing multiple electronic solutions for accessing law library materials was also explored, including the use of a digital versatile disc (DVD) stand-alone; providing server-based access over the wide area network (WAN); or accessing materials simply over the Internet. By July 20, 2008, both LexisNexis and Westlaw submitted quotes to DJJ that included amounts for these various solution options.

In an attempt to seek a third-quote option, Education Services staff invited Academy Computer Services, Inc. (ACS), to present additional ideas for electronic law library solutions. In August 2008, Education Services staff participated in a telephone conference with a representative from ACS. Education Services learned that, while ACS does provide hardware, it does not supply electronic law library content software.

DJJ continued in its efforts to procure more options. In August 2008, Education Services staff participated in a telephone conference with a Loislaw representative. DJJ learned that Loislaw does not supply law library hardware or software. All the legal materials it provides can be accessed solely over the Internet.

DJJ is reviewing and updating the list of materials needed in its law libraries. Once DJJ finalizes a list of law materials and provides that information to Education Services, Education Services will be able to present a final estimate for the total costs that it expects an electronic law library to incur, including making all the necessary periodic updates.

Education Services will continue to research other possible electronic solutions. Once all interested vendors have had an opportunity to present their respective products and services, Education Services will submit a recommendation to EIS for review.

Given that some of the electronic library software available in the market today accesses information over the Internet, requires programs to be downloaded from a compact disc, and/or requires the use of a portable hard drive, the potential for unauthorized access to the Internet by youth continues to pose significant security risks. As a result, DJJ has begun working with the EIS' Information Technology security staff to ensure that the electronic library solution that Education Services ultimately purchases meets DJJ's security and access criteria and will not be difficult to maintain.

EIS has evaluated suggested electronic law library solutions to ensure that any security issues posed by the various electronic law library options may be addressed and resolved. No solution will be purchased without EIS approval. Once an electronic law library solution is identified and is deemed to meet legal, cost, EIS, and IT security criteria, a recommendation will be submitted to the Executive Management Team for final review and approval.

3.2 Health Care Services Remedial Plan Accomplishments

1. Health Care Services Remedial Plan Significant Accomplishments

The Health Care Services Remedial Plan was filed with the Court on June 7, 2006. DJJ has achieved a number of significant accomplishments as it continues to implement the *Farrell* Health Care Services Remedial Plan. Accomplishments during this quarter include:

- **Quality Management** (*Health Care Services Standards and Criteria, Section 20, p. 37*)

All facilities submitted their first report, entitled, "Annual Quality Management Report, July 1, 2007 – June 30, 2008," to Health Care Services. Each report is essentially an internal review of each facility's Quality Management activities that addressed the following specific areas:

- 1.) Policies;
- 2.) Patient Care;
- 3.) Quality Management Committee;
- 4.) Remedial Plan Implementation;
- 5.) Resources; and
- 6.) Recommendations.

After an analysis of these reports, DJJ's Quality Management Team at headquarters will complete its own annual report, which contains, among other things, an assessment of the facilities' Annual Quality Management Reports. The draft of the Quality Management Team Annual Report will then be provided to the Medical Director for review.

Headquarters' Quality Management Team analyzed the findings of the audits that were conducted by the Health Care Services Experts using Pareto methodology, focusing the analysis on the results of the screens in the audit tool. Under the direction of the Quality Management Team, each facility is required to develop a Corrective Action Plan through its own respective Quality Management Committee.

All facilities conduct monthly Corrective Action Plan meetings to report the percentage of compliance in each area of deficiency. This information is monitored and reported to the Quality Management Team at headquarters on a monthly basis.

- **Medical Care** (*Health Care Services Standards and Criteria, Section 7, p. 16*)

A second audit by the Health Care Services Experts was conducted at Preston Youth Correctional Facility. Although the Experts' final report for this audit has not yet been received, the Experts indicate that progress has been made in a number of areas. DJJ is keen to receive the Experts' final report to ascertain the areas in which it has made improvements in the area of Medical Care and learn of other areas that require further improvement.

- **Farrell Dental Expert** (*Health Care Services Standards and Criteria, Section 1, p. 6*)

Health Care Services is awaiting a report of the findings of a review at Preston Youth Correctional Facility by the contracted Dental Expert. Anecdotal information provided to DJJ from the Dental Expert indicates that the Expert's report of findings will be favorable.

The review of the dental audit tool by Health Care Services staff and the Health Care Experts resulted in some recommendations for refinement of the tool. To continue developing the dental audit tool, CDCR's Office of Legal Affairs will meet with the Dental Expert to discuss the incorporation of the recommended modifications into the tool.

2. Items in Progress

In addition to the above accomplishments that have been achieved, there are a number of other items that are still in progress and that DJJ anticipates fully implementing soon in accordance with the Health Care Services Remedial Plan. The items still in progress include the following:

- **The Physical Assessment, Nursing Process, and Documentation Course** (*Health Care Services Standards and Criteria, Section 6, p. 14*)

The scheduled Physical Assessment, Nursing Process, and Documentation Courses that were scheduled for July, August, and September 2008, were cancelled due to the lack of a State budget. Therefore, there was no additional progress from the data identified in the previous Quarterly Report. The courses that were cancelled were rescheduled once the budget was passed.

- **Vision Testing and Eyeglass Procurement Policy** (*Health Care Services Standards and Criteria, Sections 4, p. 10*)

Comments were received from the Health Care Services Experts on the Vision Testing and Eyeglass Procurement policy draft. These comments have been reviewed, and modifications to the policy have been made accordingly.

In particular, the Wards with Disabilities Program Expert had a number of questions and suggestions, and the Vision policy was modified to address his concerns. DJJ's Medical Director is in the midst of preparing a response to the Wards with Disabilities Program Expert's concerns. The revised policy and memo was sent to both the Wards with Disabilities Program Expert and the Health Care Services Experts by the first week of October with a request for a response within ten working days. When DJJ receives the Experts' response, their additional comments will be evaluated and any modifications will be made to the policy draft as necessary. After the appropriate revisions have been made, the policy will be sent to the Policy, Procedures, Programs & Regulations Unit for finalization.

3.3 Mental Health Remedial Plan Accomplishments

1. Mental Health Remedial Plan Significant Accomplishments

- **Suicide Prevention Assessment and Response (SPAR)** (*Consent Decree*)

Phase II of the SPAR Pilot Program was conducted at the N.A. Chaderjian Youth Correctional Facility from June 2 to July 3, 2008, and Phase III was completed August 4, 2008. A multidisciplinary staff meeting was held on July 10, 2008, after Phase II had been completed, and a teleconference was held in August 2008 after the completion of Phase III to discuss needed policy changes as a result of the information learned from the piloting process. In addition, an on-site visit by the Mental Health Experts on July 17, 2008, provided DJJ with additional input. Revisions were made to the draft policy as a result of the information learned through the piloting process and from the feedback from the Mental Health Experts and DJJ's multidisciplinary staff comments.

On August 31, 2008, the final draft of the SPAR Policy was submitted to the Policy, Procedures, Programs & Regulations Unit for formatting and review. Upon completion by the Policy, Procedures, Programs & Regulations Unit, the reformatted policy will be submitted to the Office of Legal Affairs for review and to the Office of Labor Relations for discussion with the various Bargaining Units. Statewide training for multidisciplinary staff is in the final stages of development. DJJ is on track for statewide implementation of the policy by February 24, 2009.

An Instructional Designer, hired as a retired annuitant, has been assigned exclusively to the development of statewide SPAR training. Although released from service from July 25 to September 4, 2008, due to budget restrictions, he has since returned to DJJ and is working on curriculum development.

Phase IV of the SPAR Pilot Program, the development and implementation of Information Technology support for the new SPAR Policy, began on August 5, 2008, and will run until December 1, 2008. Internal DJJ meetings were held on July 10 and August 7, 2008, to review on-going electronic adjustments. An additional meeting is scheduled for October 15, 2008. These updates are being performed by DJJ staff and are not dependent on contract services.

- **Psychopharmacologic Treatment Guidelines Policy** (*Mental Health Standards and Criteria, Item 8.1b*)

Consent for Psychotropic Medication forms have been developed in consultation with the Office of Legal Affairs. The final draft of the Psychopharmacologic Treatment Guidelines Policy was submitted to the Policy, Procedures, Programs & Regulations Unit for formatting and review. The reformatted policy will be submitted to the Office of Legal Affairs for review and to the Office of Labor Relations for discussion with the various Bargaining Units once the Policy, Procedures, Programs & Regulations Unit has completed its review and formatting.

A statewide, multidisciplinary training curriculum has been completed and will be implemented once the policy has been signed by DJJ's Chief Deputy Secretary. DJJ is on track for statewide implementation by December 2008.

- **Forensic Services: WIC 1800 Policy** (*Mental Health Standards and Criteria, Item 5.3*)

The Forensic Services: WIC 1800 Policy was submitted to the Mental Health Experts, Sexual Behavior Treatment Program Expert, the Juvenile Parole Board, Health Care Services, the Office of Legal Affairs and field staff for review. The policy was revised based on comments received.

The final policy was submitted to the Policy, Procedures, Programs & Regulations Unit for formatting and review. The reformatted policy will be submitted to the Office of Legal Affairs for review and to the Office of Labor Relations for discussion with the various Bargaining Units. Statewide training for multidisciplinary staff has been developed and DJJ is preparing for statewide implementation.

- **Further Reduce Size of Mental Health Treatment Units** (*Mental Health Standards and Criteria, Items 5.14, 5.1a, 5.16, 5.1b*)

All Intensive Treatment Program, Special Counseling Program and Intensive Behavior Treatment Program Units were restricted to the required *Farrell* Mental Health Remedial Plan populations of 24, 24, and 16 youth respectively. As of September 30, 2008, the actual census reflects these numbers.

- **Develop Mental Health Training Team** (*Mental Health Standards and Criteria, Item 12.3*)

Develop or Obtain Training Materials for IBTM, Treatment Planning, and other IBTM Related Interventions (*Mental Health Standards and Criteria, Item 7*) and *Safety and Welfare Standards and Criteria, Item 5.3*)

The Mental Health Training Team is composed of a Senior Psychologist, Supervisor; an Instructional Designer; a Staff Services Analyst; and an Office Technician. These staff have been hired, undergone orientation, and are now in place. An additional Instructional Designer, a retired annuitant with extensive instructional design experience inside and outside of CDCR, was also hired.

The Mental Health Training Team developed the following curricula during the reporting period:

Training Curricula Developed by Mental Health Team		
TOPIC	AUDIENCE	HOURS
Cognitive Behavioral Therapy Introduction and Techniques	Mental Health, Youth Correctional Counselors, Casework Specialists	1.5
Criminal Street Gangs	Facility Education, Health Care Staff	1
Post Traumatic Stress Syndrome in a Sexual Behavior Treatment Program	Mental Health, Youth Correctional Counselors, Casework Specialists	2
Managing Stress After Traumatic Events	Staff responding to Traumatic Events	2-3
Mental Health Disorders, Signs and Symptoms	Facility, Education, Health Care Staff	1
Pharmacotherapy for Sex Offenders	Sex Behavior Treatment Program staff	1
Self-Care and Avoiding Secondary Trauma	Sex Behavior Treatment Program staff	3-4
Tattoos of Hate Groups and Gangs	Facility, Education, Health Care Staff	1
Treatment Needs of Youth with Sex Behavior Problems (SBTP)	Facility, Education, Health Care Staff	1
Introduction to Mental Health Training Team	Facility, Education, Health Care Staff	1
Psychopharmacology Treatment Guidelines for Staff (Psychopharmacology Policy)	Mental Health Clinical staff	2
Admission to Acute Care Facilities – Criteria and Process	Mental Health, Youth Correctional Counselors, Casework Specialists	1.5
Dialectic Behavioral Therapy Introduction	Mental Health, Youth Correctional Counselors, Casework Specialists	1.5
Understanding Personality Disorders	Mental Health, Youth Correctional Counselors, Casework Specialists	1.5
Suicide Awareness	Facility, Education, Health Care Staff	1
Traumatic Event Clinical Management Guidelines	Facility, Education, Health Care Staff	1

- **Outpatient Mental Health Staffing Consistent with Plan; Hiring Outpatient Psychologists and Psychiatrists** (*Mental Health Standards and Criteria, Item 5.11*)

The transfer of all Mental Health Units from the Preston Youth Correctional Facility to the N.A. Chaderjian Youth Correctional Facility has been completed and the appropriate Mental Health staff have been transferred to the N.A. Chaderjian Youth Correctional Facility along with the youth.

Add or Appoint a Senior Administrator for Plan Implementation (*Mental Health Standards and Criteria, Item 12.1*)

The Senior Administrator for the Mental Health Remedial Plan implementation has been identified as Dr. Juan Carlos Arguello, Senior Psychiatrist, Mental Health. In a memorandum dated June 18, 2008, the administrative lead for the Mental Health Remedial Plan implementation was identified as Louise Allen, Nurse Consultant III. Additional clerical support has been requested to support these efforts.

2. Items in Progress

Items in progress toward full implementation of the Mental Health Remedial Plan include:

- **Mental Health Referral Policy** (*Mental Health Standards and Criteria, Item 8.1a*)

The Mental Health Referral Policy is in the final stages of development. When developed, the policy will be submitted to the Policy, Procedures, Programs & Regulations Unit for formatting and review. The reformatted policy will be submitted to the Office of Legal Affairs for review and to the Office of Labor Relations for discussion with the various Bargaining Units. Statewide training for multidisciplinary staff will be developed and implemented. DJJ is on track for statewide implementation of the policy by April 6, 2009.

- **Integrated Screening and Assessments** (*Mental Health Standards and Criteria, Item, 8.1a*)

The Integrated Screening and Assessment Policy is in the early stages of development. Nationally validated screening tools have been identified and will be reviewed with the Mental Health Experts in October 2008.

- **Outpatient Mental Health Staffing Consistent with Plan; Hiring Outpatient Psychologists and Psychiatrists** (*Mental Health Standards and Criteria, Item 5.11*)

Expected variations in outpatient psychologist and psychiatrists staffing patterns are occurring. One psychiatrist position is vacant due to resignation, and one psychologist will be retiring from the Preston Youth Correctional Facility in October 2008. Eight psychologists were offered positions at the N.A. Chaderjian Youth Correctional Facility. Three have accepted and are currently working at the facility. The remaining five candidates are awaiting security clearances.

Mental Health is awaiting final determination from DJJ's Operational Support Unit regarding psychologist position allocations based on the Mental Health *Farrell* Remedial Plan requirements. A document entitled, "Mental Health Remedial Plan Staffing Pattern," was provided to the Operational Support Unit on August 10, 2008, for review. A meeting will be scheduled to review the position allocations when their analysis has been completed.

The El Paso de Robles Youth Correctional Facility and the DeWitt Nelson Youth Correctional Facility were closed in June 2008, and the Mental Health staff relocations from those facilities are complete.

The potential closing of Ventura Youth Correctional Facility will delay final determination of additional Mental Health positions required until final reassignment of all staff has occurred.

- **Develop Comprehensive Set of Essential Mental Health Policies and Procedures** (*Mental Health Standards and Criteria, Item 8.1a*)

Mental Health policies are being developed according to the prioritization of policies developed in April 2008. Three Priority 1 Policies have been developed and are waiting final processing by the Policy, Procedures, Programs & Regulations Unit, review by the Office of Legal Affairs, discussion with the various Bargaining Units and signature by DJJ's Chief Deputy Secretary. One additional policy is in the final stages of development and another policy is in the early stages of development. Priority 1 Policies are on track for completion of development by December 2008.

Priority 2 Policies will be developed once the Priority 1 Policies are complete. Priority 2 Policies are scheduled for completion by December 2009.

- **Policy/Process to Receive and Share Mental Health Information with Counties; Consultation with Local Government Entities** (*Mental Health Standards and Criteria, Items 4.2, 4.2a, 4.2b, 4.3*)

A Mental Health Intake Assessment Form detailing information to be received from counties before a youth is accepted into DJJ was developed, reviewed by Court and Intake Services and provided to the Policy, Procedures, Programs & Regulations Unit for formatting. This form develops standards that identify cases to be reviewed by DJJ's Chief Psychiatrist before a youth is accepted into DJJ.

The form mirrors information provided to counties on the Summary of Care Form developed last quarter. The Summary of Care Form was submitted to the Policy, Procedure, Program and Regulation Unit for formatting. These forms are scheduled for implementation during the next quarter. A policy will be developed as a Priority 3 Policy.

- **MAYSI-2** (*Mental Health Standards and Criteria, Item 4.4*)

MAYSI-2 results are manually computed by the Research Unit from MAYSI-1 data and provided to the facilities within one day of completion of the assessment. The format of the report has been upgraded to provide more useful clinical information.

- **Develop and Implement Structured Tool for Clinical Assessment of Psychosis** (*Mental Health Standards and Criteria, Item 4.7*)

The Psychosis Screening Tool was sent to the Policy, Procedures, Programs & Regulations Unit for formatting. Screening for psychosis will be started when the Integrated Assessment Policy is implemented. The date for implementation of this tool by Mental Health is June 30, 2009 or earlier.

- **Analyze Efficacy Of Screening And Assessment Tools** (*Mental Health Standards and Criteria, Item 4.8*)

After the Youth Assessment Screening Inventory (YASI) was revised by ORBIS Partners, Inc. to include additional items, it was renamed as YASI-Ca. The tool is currently being validated.

- **Intensive Behavior Treatment Program (IBTP)** (*Mental Health Standards and Criteria, Item 5.13b*)

The additional Intensive Behavior Treatment Program (IBTP) at the Heman G. Stark Youth Correctional Facility opened on July 2, 2008. Training for all staff was completed before the opening of the unit. The current census of seven youth will be increased as required. There are no Southern California youth currently on the waiting list for IBTP placement.

- **Collaborate with Department of Mental Health (DMH) to Expedite Transfers and Facilitate Transitions** (*Mental Health Standards and Criteria, Item 5.20*)

Communications are scheduled on a routine basis and occur as needed to resolve barriers. A standing quarterly meeting between DJJ and the Department of Mental Health to expedite transfers and facilitate transitions is scheduled for September 30, 2008. One or more electronic communications regarding youth or the transfer process occurred on July 23, 2008; July 24, 2008; July 29, 2008; August 5, 2008; September 10, 2008; September 16, 2008; September 17, 2008; and September 18, 2008. A meeting between DJJ and the Department of Mental Health occurred on July 10, 2008.

- **Evaluation/Recommendations Regarding Current Array of Mental Health Services; Evaluate Practices, Make Recommendations Regarding Contract Services and Assess Inpatient Resources for Females and Northern California Males** (*Mental Health Standards and Criteria, Items 5.22; 5.23; 5.24*)

Exploration of new inpatient resources for Northern California males is being considered. A list of potential placement sites within two hours of Stockton has been developed and will be contacted.

Northern California males are currently transferred to Sierra Vista Hospital when a higher level of residential care is required. All Southern California males and females continue to be provided acute inpatient care in the Heman G. Stark Youth Correctional Facility Correctional Treatment Center. Intermediate care for both Northern and Southern California males and for females eighteen years of age and older is provided through a contract with the Department of Mental Health in the Intermediate Care Facility in the Southern Youth Correctional Reception Center-Clinic. Females under eighteen years of age who require an intermediate level of care are currently being treated at the Ventura Youth Correctional Facility with the use of an individual treatment plan.

Training Curricula Development In Process by the Mental Health Training Team		
TOPIC	AUDIENCE	HOURS
Cognitive Behavioral Therapy – Primer for Reform	Mental Health, Youth Correctional Counselors, Casework Specialists	24
Overcoming Obstacles in Treating the Sexual Offender	Mental Health, Youth Correctional Counselors, Casework Specialists	1
Providing Effective Family Therapy	Mental Health, Youth Correctional Counselors, Casework Specialists MH, YCC, CWS	1
Psychopharmacology Treatment Guidelines for Psychiatrists (Psychopharmacology Policy)	Psychiatrists	3
Suicide Prevention and Response (SPAR Policy)	Facility, Education, Health Care Staff	10
Treating Female Sexual Offenders	Mental Health, Youth Correctional Counselors, Casework Specialists	1
Useful CBT/DBT Techniques for Treating the Sexual Offender Population	Mental Health, Youth Correctional Counselors, Casework Specialists	1
WIC 1800 Process (Policy)	Sex Behavior Treatment Program Staff	2
WIC 1800.5 Process (Policy)	Mental Health, Youth Correctional Counselors, Casework Specialists	2
Writing and Updating Focal Treatment Plan Goals	Mental Health, Youth Correctional Counselors, Casework Specialists	1
Group Facilitation - Mental Health and Reform Co-developing and Training	Mental Health, Youth Correctional Counselors, Casework Specialists	1

- **Automated Mental Health Tracking System** (*Mental Health Standards and Criteria, Items 5.21, 5.21b*)

Ongoing reports to the Office of the Special Master and Mental Health Experts are being developed manually. On July 1, 2008, Mental Health submitted requests for Information Technology support for DJJ for budget consideration and is awaiting a response. A request for reprioritization of Information Technology support needed for Mental Health tracking purposes and documentation was submitted in August 2008. Progress is being made on the WIN Exchange System in support of the new SPAR Policy and the electronic Mental Health evaluations. Revised electronic screens aligned with new policy and report requirements are being developed. Revision of the mental health tab on the WIN Exchange System is underway with integration of various types of Mental Health reports and evaluations onto one Mental Health screen. The new Mental Health screen will be able to track all Mental Health contacts for each youth by any Mental Health or Sex Behavior Treatment Program clinician. Integration of Mental Health contacts into the Sexual Behavior Treatment Program WIN Exchange system screens is in the early stages of development.

- **Establish a Centralized Mental Health Review Team and Review Protocol** (*Mental Health Standards and Criteria, Item 5.7*)

A request for a position of Chief Psychologist was submitted, approved, and funded. Mental Health has reviewed the website of the members of the Board of Psychology for appropriate candidates. Job announcements will be mailed and advertisement on the CDCR Vacant Position Database will begin in October. The anticipated date of hire is sometime in the fourth quarter of 2008.

- **Develop Program Service(s) Day Schedule for Mental Health Living Units.** (*Mental Health Standards and Criteria, Items 5.18*)

The Program Service Day pilot was completed at the Preston Youth Correctional Facility during the first quarter of 2009. The Program Service Day Project has gone through the formal project-management, and a charter and project schedule have been completed. Implementation of the Program Service Day is scheduled to begin during the first quarter of 2009.

- **Develop a Policy and Procedure for Youth Requiring Long-Term Care in a Licensed Facility** (*Mental Health Standards and Criteria, Items 5.19, 5.25*)

A new Memorandum of Understanding (MOU) for Napa, Patton, and Atascadero State Hospitals for 3,650 beds per year has been signed. The MOU for the Department of Mental Health's Intermediate Care Facility was updated in May 2008 with 20 beds made available to DJJ. The related policy will be developed as a Priority 2 Policy.

- **Work with Office of Workforce Planning Re: Participate in Job Fairs and Recruitment Events** (*Mental Health Standards and Criteria, Items 7.2 and 7.3*)

DJJ Mental Health has developed a list of job fairs and recruitment events to be attended when additional funds become available.

- **Implement Quality Management and Peer Review Through Health Care Services Plan** (*Mental Health Standards and Criteria, Item 10.2*)

The Mental Health Peer Review Form has been revised to reflect the new SPAR and Psychopharmacology Treatment Guidelines clinical expectations. The Peer Review Program was put on hold and will be restarted as soon as travel restrictions have been lifted.

- **Implement Integrated Behavior Treatment Model (IBTM)** (*Mental Health Standards and Criteria, Items 5.1, 5.12c, 7.4, 7.5a*)

Teleconferences between ORBIS Partners, Inc. and DJJ, including DJJ Mental Health staff and the *Farrell* Mental Health Experts, occurred on August 14, 2008, August 22, 2008, and September 17, 2008. The Mental Health Training Team is in the initial planning stages for a Cognitive Behavior Therapy (CBT) Primer for mental health staff.

- **Implementation Plan for Offices and Mental Health Treatment Rooms** (*Mental Health Standards and Criteria, Item 11.1*)

Modular units have been delivered to the N.A. Chaderjian Youth Correctional Facility. Security procedures are being developed. Implementation is anticipated during the next quarter.

3.4 Safety & Welfare Remedial Plan Accomplishments

1. Safety & Welfare Remedial Plan Significant Accomplishments

The Safety & Welfare Remedial Plan was filed with the Court on July 10, 2006. The goals of the Safety & Welfare Remedial Plan are to take steps to reduce violence and fear in each of DJJ's facilities and to create the capacity for change.

Of the six remedial plans filed with the court, the Safety & Welfare Remedial Plan is the most over-arching and far-reaching of them all. The following is a listing of the significant accomplishments that DJJ has overseen thus far during the course of implementing the mandates of the Safety & Welfare Remedial Plan:

- **Compliance Team** (*Safety & Welfare Standards and Criteria, Section 2.1, Item 3c*)

The Safety & Welfare Remedial Plan requires DJJ to put into place a Compliance Team that will be responsible for monitoring DJJ's compliance with the *Farrell* Remedial Plans until all compliance matters are resolved. DJJ's Compliance Team, named the *Farrell* Compliance Unit, was established in January 2008.

During the current reporting period, July 1, 2008 through September 30, 2008, the *Farrell* Compliance Unit conducted compliance-monitoring visits at the Southern Youth Correctional Reception Center and Clinic, Heman G. Stark Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility, and Preston Youth Correctional Facility. Two staff members from the *Farrell* Compliance Unit shadowed the Health Care Services Experts during the Experts' visit to Preston Youth Correctional Facility.

Based on a request from the Executive Management Team, the *Farrell* Compliance Unit performed an assessment of SB 518 and AB 1300. Under SB 518 and AB 1300, known collectively as the Youth Bill of Rights, youth must be afforded a number of rights related to family contacts and involvement during their period of incarceration. Compliance assessments performed to ensure each facility's conformity with the Youth Bill of Rights were conducted at DeWitt Nelson Youth Correctional Facility, O.H. Close Youth Correctional Facility, N.A. Chaderjian Youth Correctional Facility, Heman G. Stark Youth Correctional Facility, Southern Youth Correctional Reception Center and Clinic, Ventura Youth Correctional Facility, Preston Youth Correctional Facility, and Pine Grove Youth Conservation Camp. All the assessments were completed by June 30, 2008, but due to an oversight, this information was not included in the prior Quarterly Report for the period spanning April 1, 2008, to June 30, 2008.

On August 8, 2008, the *Farrell* Compliance Unit submitted an Executive Summary report on DJJ's compliance with SB 518 and AB 1300 to the Executive Management Team. The Executive Summary report provided a review of findings regarding each facility's progress in adhering to the requisites contained in the Youth Bill of Rights.

During the course of conducting compliance assessments regarding the implementation of SB 518, AB 1300, and also Item 8.3 of the Safety & Welfare Remedial Plan, the *Farrell* Compliance Unit identified the need to process criminal background checks on potential visitors in a more effective way. Currently, DJJ utilizes two California Law Enforcement Telecommunications (CLETS) terminals to process criminal checks of individuals who request to visit with youth: one terminal is located in Southern California, and the other is in Northern California. However, this system of relying on only two terminals has been found to be inefficient, resulting in visitation lists not being approved in a timely fashion.

In an attempt to provide an alternative solution, the *Farrell* Compliance Unit met with the Sacramento County Sheriff's Department to explore the feasibility of DJJ utilizing iCLETS, an internet-based version of the CLETS system. After the meeting, the *Farrell* Compliance Unit, in conjunction with the Sheriff's Department, submitted a recommendation to DJJ's Division of Juvenile Parole Operations and the Division of Juvenile Facilities to implement iCLETS. iCLETS would allow both the Division of Parole Operations and the Division of Juvenile Facilities to process criminal CLETS checks on a much broader scale and with more timely results.

After several meetings with the Division of Juvenile Facilities and the Division of Parole Operations, DJJ decided that the Division of Juvenile Facilities would move forward with management of this project.

Other tasks that the *Farrell* Compliance Unit has performed include the following:

- Completing an assessment on the use of force at Ventura Youth Correctional Facility on June 23, 2008;
- Developing a schedule for facility audits to be conducted on the Youth Grievance Policy and the Staff Misconduct Policy. The schedule, finalized on September 15, 2008, covers all the facilities that will be audited during the next fiscal year.
- Creating a tracking document to monitor all DJJ audits and also the progress made on Corrective Action Plans. This tracking document was completed on September 20, 2008.
- **Add Central Office Resources – Dedicated Staff for Policy Development and Maintenance** (*Safety & Welfare Standards and Criteria Section 2.1, Item 4a.*)

The six positions approved for the Policy, Procedures, Programs & Regulations Unit are all filled.

- **Master Table of Contents for Policies** (*Safety & Welfare Standards and Criteria, Section 2.1, Item 4a*)

Based on the requirements of the Safety & Welfare Standards and Criteria, DJJ completed a draft of the Master Table of Contents and submitted it to the Safety & Welfare Expert on May 31, 2008, for review. A follow-up meeting was then held between DJJ and the Safety & Welfare Expert on July 14, 2008, to give both parties an opportunity to constructively discuss how best to improve the document. During the meeting, the Safety & Welfare Expert provided feedback. The Expert's main critique was that he did not think that the Master Table of Contents draft made a clear-enough distinction between policies specifically related to *Farrell* and those that are not.

To address these concerns, DJJ issued a formal letter to the Safety & Welfare Expert, dated September 9, 2008, to confirm its understanding of the suggested changes that the Expert had provided.

Currently, the Division of Juvenile Facilities is in the midst of addressing the following six policy areas and incorporating necessary revisions into the document:

- 1) Facility Management and Repair;
- 2) Violence Reduction, including sections on data collection, such as Performance-based Standards, the Violence Reduction Committees, and the Conflict Resolution Teams;
- 3) Family Access, including a description of general visitation and other policies in development;
- 4) Integrated Behavior Treatment Program (IBTP);
- 5) Behavior Treatment Program (BTP); and
- 6) Classification, including sections on initial classification, reclassification, approaches to different risk levels, and how these translate into case planning.

Once these revisions are incorporated into the document, a new draft will be reviewed by the Policy, Procedures, Programs & Regulations Unit, then forwarded to the Safety & Welfare Expert by October 10, 2008.

DJJ anticipates that completion of the newly revised draft, including obtaining approval from the Safety & Welfare Expert, will occur by October 30, 2008.

- **Designate Facility Compliance Monitors and Schedule** (*Safety & Welfare Standards and Criteria, Section 2.2, Item 3*)

On March 17, 2008, the Director of the Division of Juvenile Facilities issued a memorandum to all Superintendents directing each to select a non-post employee to act as Facility Compliance Monitor for each respective Youth Correctional Facility. The Facility Compliance Monitor's duties include working cooperatively with the *Farrell* Compliance Unit and coordinating Corrective Action Plans as necessary. Superintendents were directed to submit the names and classifications of the designated staff to the Division of Juvenile Facilities by March 28, 2008.

On April 3, 2008, the Director of the Division of Juvenile Facilities designated staff to act as Facility Compliance Monitors. By May 23, 2008, compliance monitoring performed by Facility Compliance Monitors was operational at all DJJ facilities. In addition to coordinating Corrective Action Plans and working with the *Farrell* Compliance Unit, Facility Compliance Monitors conduct facility self-assessments of previously audited items, using an assessment tool created and developed by DJJ's *Farrell* Compliance Unit, and measure the on-going progress of the audited items at each facility on a quarterly basis.

On June 3, 2008, the Director of the Division of Juvenile Facilities issued a memorandum that directed Facility Compliance Monitors at each of the five youth correctional facilities to complete a compliance self-assessment, utilizing the assessment tool developed by the *Farrell* Compliance Unit. The Facility Compliance Monitors completed their facility assessments and submitted these to the *Farrell* Compliance Unit by June 30, 2008.

While these activities were completed during the prior reporting period of April 1, 2008, through June 30, 2008, they were not included in the July 2008 Quarterly Report due to an oversight.

- **Use of Force Policy** (*Safety & Welfare Standards and Criteria, Section 3.2*)

The Crisis Preventive Management/Use of Force work-group met on August 7, 2008, to take action on three major tasks:

- Review of consultative feedback from youth correctional facility managers, such as Superintendents, Majors, and Captains;
- Review of the Use of Force policy document in preparation of submission to DJJ's Executive Management Team and the Division of Juvenile Facilities for review.
- Consultation with the WIN Manager to discuss the following:
 - Data entry and retention of use-of-force incident review documentation;
 - Incorporation of new reporting forms, including the Use of Force Incident Review form and the Facility Force Review Committee Analysis form; and
 - The use of the Crisis Prevention Support Plan form, which has been incorporated into WIN as a resource document to prepare staff in implementing safe and effective approaches when a youth demonstrates any crisis behaviors.

The Crisis Preventive Management/Use of Force policy document was reviewed and prepared for consultation review by the Director of the Division of Juvenile Facilities. "The document was formatted by the Policy, Procedures, Programs & Regulations Unit and submitted for Executive review on September 15, 2008, with a request that Executive provide feedback by September 22, 2008. After Executive review, the policy draft was submitted to the Office of Legal Affairs for review to be completed by September 30, 2008.

- **Complete Staff Training In Use Of Risk/Needs Assessment Tool** (*Safety & Welfare Standards and Criteria, Section 4, Item 16.*)

Risk/Needs Assessment training has begun for the 146 total staff who have received the first round of training.

In addition, 25 staff received the second round of training, and another 50 to 100 staff are expected to receive assessment training within the next few months. When the training is done, the majority of the assessment training for staff in the required classifications will be completed.

- **Lay Foundation for Treatment Reform – Case Managers: Establish/Modify Job Classifications for Treatment Staff** (*Safety & Welfare Standards and Criteria, Section 5, Item 5a*)

All sites have hired Case Managers.

- **Program Service Day** (*Safety & Welfare Standards and Criteria, Sections 6, Items 2a, 2b, 2c & 6; Education Services ; Mental Health Standards and Criteria, Section 5, Item 18*)

The Safety & Welfare, Education Services, and Mental Health Remedial Plans require DJJ to implement a Program Service Day at each facility. The goal of Program Service Day is to provide flexibility in scheduling youth into school, individual and group counseling, case conferences, and other activities during the hours that program staff are on duty. It is intended to minimize conflicts while ensuring that youth receive necessary treatment and rehabilitation services while also being constructively active during most of their waking hours.

The pilot program was implemented at Preston Youth Correctional Facility on August 11, 2008, with positive results. Because of the successful implementation of the pilot Program Service Day at Preston, DJJ has scheduled the Program Service Day to also be fully implemented at all other remaining facilities starting Spring 2009.

- **Staff Training to Develop the Knowledge and Skills to Implement Best Practices** (*Safety and Welfare Remedial Plan Standards and Criteria Section 6, Item 7.*)

A well-qualified, highly trained staff is essential for DJJ to gain attain compliance with major elements of the Safety & Welfare Remedial Plan, such as the reduction of violence and fear and the successful implementation of the Integrated Behavior Treatment Model. To meet this training requirement, during the past reporting period, from July 2008 through September 2008, a total of 299 DJJ staff attended one or more trainings. These staff filled 419 training spaces and completed a total of 9,296 training hours.

In July 2008, 44 DJJ staff were trained in courses entitled “Youth with Mental Health Disorders: Who are They and How Do We Work with Them” and “Understanding and Preventing Suicide: What You Need to Know About Youth Who Want to Die.” Both courses were taught by Lisa Boesky, Ph.D., a licensed Clinical Psychologist and National Expert specializing in the identification, management, and treatment of juvenile offenders affected with mental health disorders, including those who are suicidal or who tend to injure themselves. Dr. Boesky’s two-day training course is designed for all direct care staff.

“Youth with Mental Health Disorders” and “Understanding and Preventing Suicide”			
44 Staff Were Provided a Total of 704 Training Hours			
(44 Staff x 16 Hours = 704)			
Instructor	CPS – Lisa Boesky, Ph.D.		Course Hours
Date	DJJ Location*	Staff	Classifications Trained
7/15	DJJ Headquarters	8	Associate Governmental Analyst; Casework Specialist; Clinical Psychologist; Parole Agent I, II & III; Registered Nurse; Senior Youth Correctional Counselor; Sergeant; Superintendent of Correctional Education; Supervising Casework Specialist; Training Officer II; Treatment Team Supervisor; Youth Correctional Counselor; Youth Correctional Officer
	Preston YCF	13	
	O.H. Close YCF	3	
	N.A. Chaderjian YCF	2	
	Northern California Youth Correctional Center	1	
7/24	Southern Youth Correctional Reception Center-Clinic	8	
	Ventura YCF	4	
	Heman G. Stark YCF	4	
	Parole – Southern Region Headquarters	1	
Total Staff Trained This Quarter		44	

* -- “YCF” means “Youth Correctional Facility.”

During this same reporting period, July 2008 through September 2008, 122 DJJ staff were trained in the three-day Motivational Interviewing course. The Motivational Interviewing course is a five-day training divided into two segments: an initial three-day course and a two-day course approximately four to six months later. Motivational Interviewing is taught by consultants and trainers through the University of California, San Diego. Motivational Interviewing is a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client.

Motivational Interviewing Three-Day Session			
122 Staff Were Provided 2,928 Training Hours			
(122 Staff x 24 Hours = 2,928)			
Instructor	University of California, San Diego		Course Hours
Date	DJJ Location	Staff	24
			Classifications Trained
7/10	Preston YCF	13	Associate Governmental Analyst; Casework Specialist; Clinical Psychologist; Dental Assistant; Parole Agent I, II & III; Registered Nurse; Senior Psychologist; Senior Youth Correctional Counselor; Sergeant; Superintendent of Correctional Education; Supervising Casework Specialist; Teaching Assistant; Training Officer II; Treatment Team Supervisor; Vocational Instructor; Youth Correctional Counselor; Youth Correctional Officer
	N.A. Chaderjian YCF	4	
	O.H. Close YCF	2	
7/18	Heman G. Stark YCF	4	
	DJJ Headquarters	1	
	Ventura YCF	6	
	Southern Youth Correctional Reception Center-Clinic	4	
	Parole – East Los Angeles	1	
	Parole – Los Angeles Metro South	1	
	Parole – Inland South	1	
7/25	Heman G. Stark YCF	9	
	DJJ Headquarters	3	
	Preston YCF	9	
	O.H. Close YCF	3	
	N.A. Chaderjian YCF	5	
	Ventura YCF	8	
	Northern California Youth Correctional Center	3	
	Pine Grove Youth Conservation Camp	1	
	Southern Youth Correctional Reception Center-Clinic	3	
8/20	N.A. Chaderjian YCF	5	
	O.H. Close YCF	7	
	Northern California Youth Correctional Center	5	
	Preston YCF	4	
9/25	Southern Youth Correctional Reception Center-Clinic	18	
	Parole – San Diego – South	2	
	Parole – Inland – South	1	
Total Staff Trained This Quarter		123	

During the past reporting period, July 2008 through September 2008, 27 DJJ staff took part in the two-day Motivational Interviewing training course.

Motivational Interviewing Two-Day Session			
27 Staff Were Provided 432 Training Hours			
(27 Staff x 16 Hours = 432)			
Instructor	University of California, San Diego	Course Hours	16
Date	DJJ Location	Staff	Classifications Trained
7/22	DJJ Headquarters	2	Casework Specialist; Clinical Psychologist; Lieutenant; Parole Agent I, II & III; Registered Nurse; Youth Correctional Counselor; Senior Youth Correctional Counselor; Superintendent of Correctional Education
	Preston YCF	3	
	O.H. Close YCF	3	
	N.A. Chaderjian YCF	4	
	Heman G. Stark YCF	8	
	Ventura YCF	5	
	Parole – Stockton North	1	
	Parole – San Jose North	1	
Total Staff Trained This Quarter		27	

After the completion of the two-day course in July 2008, it was determined that DJJ staff will be evaluated based on their MI skills during the last day of the two-day course. As such, two-day MI courses were not scheduled again until October 2008. 13 DJJ staff participated in the Skills Observation Training that was provided by Dr. Melinda Hohman, Ph.D., of the University of California, San Diego, regarding how to observe and evaluate the MI skills of DJJ staff.

Motivational Interviewing Observation Training			
14 Staff Were Provided 104 Training Hours			
(14 Staff x 8 Hours = 112)			
Instructor	University of California, San Diego	Course Hours	8
Date	DJJ Location	Staff	Classifications Trained
9/24	DJJ Headquarters	14	Lieutenant; Parole Agent II; Program Administrator; Superintendent of Correctional Education; Supervising Casework Specialist; Treatment Team Specialist; Treatment Team Supervisor
Total Staff Trained This Quarter		14	

Orbis Partners, Inc., developed a Youth Assessment Screening Instrument (YASI) for the DJJ juvenile population that incorporates the latest in evidence-based assessment of risk, needs, and protective factors. During this reporting period, July 2008 through September 2008, 99 DJJ staff were trained in a course entitled "Effective Casework 1 (ECW1) Youth Assessment Screening Instrument (YASI)." Seven DJJ staff were selected to be trained as trainers (T4T) to develop internal capacity during September 29 through October 1, 2008.

The second phase of training is called "Effective Casework 2 (Case Planning)" training. Twenty-two DJJ staff were trained in September 2008. Seven DJJ staff will be selected to be trained as trainers to develop internal capacity in December 2008.

Effective Casework 1 Assessment			
99 Staff Were Provided 1,980 Training Hours			
(99 Staff x 20 Hours = 1,980)			
Instructor	Orbis Partners, Inc.		Course Hours
Date	DJJ Location	Staff	20
8/20	DJJ Headquarters	3	Associate Governmental Analyst; Casework Specialist; Clinical Psychologist; Parole Agent I, II & III; Program Administrator; Registered Nurse; Senior Psychologist; Senior Youth Correctional Counselor; Superintendent of Correctional Education; Supervising Casework Specialist; Treatment Team Supervisor; Youth Correctional Counselor; Youth Correctional Officer
	Preston YCF	6	
	O.H. Close YCF	4	
	N.A. Chaderjian YCF	4	
8/22	DJJ Headquarters	1	
	Pine Grove Youth Conservation Camp	4	
	N.A. Chaderjian YCF	12	
	O.H. Close YCF	3	
9/10	DJJ Headquarters	1	
	Ventura YCF	28	
	Parole – San Fernando – South	1	
	Southern Youth Correctional Reception Center-Clinic	1	
9/12	DJJ Headquarters	1	
	Heman G. Stark YCF	13	
	Southern Youth Correctional Reception Center-Clinic	11	
	Parole – East Los Angeles South	1	
	Parole – Watts South	3	
	Parole – Southern Region Headquarters	1	
	Parole – South Coast	1	
Total Staff Trained This Quarter		99	

Effective Casework 2 Case Planning 22 Staff Were Provided 352 Training Hours (22 Staff x 16 Hours = 352)			
Instructor	Orbis Partners, Inc.		Course Hours 16
Date	DJJ Location	Staff	Classifications Trained
9/04	DJJ Headquarters	7	Lieutenant; Parole Agent II & III; Program Administrator; Superintendent of Correctional Education; Supervising Casework Specialist; Treatment Team Specialist; Youth Correctional Counselor
	Preston YCF	12	
	Parole – Central Valley North	1	
	Parole –Sacramento North	1	
	Parole – Stockton North	1	
Total Staff Trained This Quarter		22	

The Safe Crisis Management Training developed by JKM Training, Inc., is the only training that satisfies the “crisis management organization agreed upon by the Plaintiff’s Counsel.” Eighteen DJJ staff were certified by JKM Training, Inc., to provide this training to relevant DJJ staff.

DJJ’s eighteen certified Safe Crisis Management instructors provided training to 57 DJJ staff on a continuum of prevention, intervention, and post-intervention strategies that focus on the following:

- Positive behavioral interventions that empower youth with the opportunity to regain control of their own behavior;
- Proactive prevention of violence through an understanding of individual crisis behavior and of the dynamics of escalation using fundamental management of the environment and program and providing necessary support to youth to avoid behavior incidents;
- Proven de-escalation techniques that are applicable to a wide range of settings and situations; and
- Post-intervention strategies that debrief, resolve, record, and restore individuals, their peers, and their environment.

Safe Crisis Management 57 Staff Were Provided 1,368 Training Hours (57 Staff x 24 Hours = 1,368)			
Instructor	Certified Instructors (DJJ)		Course Hours
Date	DJJ Location	Staff	Classifications Trained
7/3	Heman G. Stark YCF	10	Casework Specialist; Clinical Psychologist; Parole Agent I; Senior Youth Correctional Counselor; Sergeant; Staff Clinical Psychologist; Supervising Casework Specialist; Youth Correctional Counselor
	Southern Youth Correctional Reception Center-Clinic	5	
	Ventura YCF	4	
	Parole – East Los Angeles South	1	
	Parole – San Fernando – South	1	
	Parole – San Diego – South	1	
8/28	Heman G. Stark YCF	14	
	Parole – East Los Angeles South	2	
	Parole – Los Angeles Metro South	1	
	Parole – San Diego - South	1	
9/11	Preston YCF	17	
Total Staff Trained This Quarter		57	

DJJ's twenty certified Crisis Intervention and Conflict Resolution instructors trained 33 DJJ staff. This training excels in the areas of Verbal Intervention Techniques with an emphasis on prevention, particularly in the area of safety.

Crisis Intervention and Conflict Resolution LETRA 33 Staff Were Provided 1,420 Training Hours (33 Staff x 40 Hours = 1,420)			
Instructor	Certified Trainers (DJJ)		Course Hours
Date	DJJ Location	Staff	Classifications Trained
7/11	N.A. Chaderjian YCF	4	Casework Specialist; Clinical Psychologist; Lieutenant; Parole Agent I; Program Administrator; Senior Youth Correctional Counselor; Youth Correctional Counselor; Youth Correctional Officer
	Preston YCF	3	
	O.H. Close YCF	2	
	Northern California Youth Correctional Center	4	
7/25	N.A. Chaderjian YCF	1	
	Preston YCF	1	
	O.H. Close YCF	4	
9/19	Heman G. Stark YCF	14	
Total Staff Trained This Quarter		33	

- **Orientation** (*Safety & Welfare Standards and Criteria, Section 8.2., Item 5b*)

Updating and disseminating the Youth Rights Handbook is the first step in improving and standardizing orientation for youth.

A draft version of the handbook was completed in June 2008. The draft was disseminated to program staff on July 9, 2008, to Superintendents on July 21, 2008, and to all the Court-appointed Experts on July 22, 2008, with a request that these parties provide feedback on the draft. Feedback was received and the necessary changes were incorporated into the handbook in August 2008.

A meeting was held with staff from DJJ's Research Unit on August 6, 2008, to discuss the best approach for obtaining youth feedback. Focus group questions were developed with the Research Unit on August 19, 2008. A memorandum was issued on September 5, 2008, requesting Superintendents to provide the name of a staff representative to assist with the focus group and also a list of youth who would be willing to review the handbook and provide feedback. It is anticipated that the focus groups will be conducted during October and November 2008, and that the handbook will ultimately be released by January 2009.

- **Grievances** (*Safety & Welfare Standards and Criteria, Section 8.5 [all items, except for 5c, 10, and 12]*)

As of September 22, 2008, the following have been accomplished:

All facility staff and youth received training regarding both the Youth Grievance policy and the Staff Misconduct Complaint policy during June and July 2008. DJJ's direct services staff, juvenile facilities staff, and headquarters staff received training on July 30 and 31, 2008.

Training was provided on July 24, 2008, to the administrative law judges who are under contract with DJJ. The administrative law judges will serve as arbitrators for DJJ during any grievance process.

The Youth Grievance and Staff Misconduct Complaint policies were implemented on August 4, 2008. Automation to support the policies was deployed on August 4, 2008. With the implementation of these new policies, youth can now freely access grievance and staff misconduct complaint forms without having to request and obtain them from staff or other youth.

In addition, youth have the ability to place their grievances and complaints into locked boxes for collection by the Facility Youth Grievance Coordinator. After performing an intake of these submitted grievances, the Coordinator returns a copy of the form, along with a corresponding tracking number, to the youth as proof of receipt.

A meeting was held with the Safety & Welfare Expert on July 31, 2008, to design and develop automated monthly reports for use in identifying trends and monitoring timeframes. The templates have been developed, and the process of automating the reports is nearly complete.

- **Wards Information Network (WIN) Exchange** (*Safety & Welfare Standards and Criteria, Section 8.7, Item 4*)

The tracking apparatus is incorporated into the Ward Information Network (WIN) Exchange system and is operational at all facilities.

2. Items in Progress

Items in progress toward full implementation of the Safety & Welfare Remedial Plan include:

- **Compliance Team** (*Safety and Welfare Standards and Criteria, Section 2.1, Item 3c*)

The *Farrell* Compliance Unit traveled to Heman G. Stark Youth Correctional Facility to assist with preparation for the Office of Inspector General's report. This was completed on October 9, 2008. The purpose of this visit was to assist the facility in completing the Office of Inspector General's self-assessment prior to the Office of Inspector General's upcoming audit.

The *Farrell* Compliance Unit is in the process of reviewing Facility Compliance Monitor self-assessments. These are expected to be completed by December 2008 and on a continual basis every quarter thereafter. The purpose of these assessments is to gauge facility compliance of previously audited items.

Recommendations regarding iCLETS, the web-based enhancement of the California Law Enforcement Tracking System (CLETS). The recommendations were completed on September 24, 2008. The purpose of obtaining these recommendations was to offer the facilities a solution for processing CLETS checks of potential visitors to youth in a more timely and efficient manner. Information was presented to the Directors of both DJJ's Division of Juvenile Facilities and the Division of Parole. It was ultimately decided that the Division of Juvenile Facilities would move forward with management of this project.

- **Behavior Treatment Programs** (*Safety & Welfare Standards and Criteria, Section 6, Item 5*)

The final draft of the Behavior Treatment Programs (BTP) Operations Guide was provided to the Superintendents, Principals and Chief Medical Officers, as well as to DJJ's Executive Management and the Mental Health, Safety & Welfare, and Education Services Experts. Feedback was received and is currently being integrated into the plan. The Policy will be vetted via standard procedures, including Labor review. The final Implementation Plan will be presented for Executive Review upon completion of the vetting process.

- **Disciplinary Decision Making System (DDMS)** (*Safety & Welfare Standards and Criteria, Section 8.4*)

On August 12, 2008, a draft of this policy was sent to the Prison Law Office, the Special Master, and the Experts of the Safety & Welfare, Mental Health, and Wards with Disabilities Program Remedial Plans. It was requested that each of these parties review the draft and provide appropriate feedback by August 26, 2008.

On September 4, 2008, the Wards with Disabilities Program Expert provided feedback on the policy. On September 5, 2008, an e-mail was sent to the Special Master requesting assistance in obtaining feedback from the remaining parties. The Mental Health Court Experts and the Special Master provided feedback to DJJ on September 19, 2008, and on September 25, 2008, the Safety & Welfare Expert submitted his feedback. Now that DJJ has received all of the feedback from the parties, DJJ staff will meet to review the feedback and make revisions to the policy as necessary.

In the meantime, while DJJ awaited feedback from the Experts and the Special Master, on September 9, 2008, the Policy, Procedures, Programs & Regulations Unit met with the Facilities Program Support Office. Feedback from the Executive Management Team was reviewed and incorporated as necessary.

Upon finalization of the policy, the Office of Labor Relations will contact the Bargaining Units to provide them with notice of the policy. DJJ will also develop training and ensure that the policy is implemented. The date of implementation has been set for March 2009.

- **Time Adds – Disciplinary Decision Making System (DDMS) Program Credit Contract** (*Safety & Welfare Standards and Criteria Sections, 8.6, item 2a, 2b, 2c & 4b*)

The DDMS Program Credit policy is in the final stages of review. Once the Policy, Procedures, Programs & Regulations Unit finalizes this draft, it will be submitted to the Office of Labor Relations and steps will be taken to implement the policy across all facilities.

- **Time Adds – Time Add Tracking** (*Safety & Welfare Standards and Criteria, Section 8.4, Item 8b, Section, 8.6, Item.4d, Item 4e & 4f*)

The Offender-Based Information Tracking System data will be available in October 2008. The data will be analyzed with respect to the specific reasons for time-adds, and a Corrective Action Plan will be completed by December 2008.

3.5 Sex Behavior Treatment Program Remedial Plan Accomplishments

1. Sex Behavior Treatment Program Remedial Plan Significant Accomplishments

The Sexual Behavior Treatment Program (SBTP) Remedial Plan was filed with the Court on May 16, 2005. DJJ has made a number of significant accomplishments in the implementation of the SBTP Remedial Plan. Accomplishments this quarter include:

- **Sex Behavior Treatment Program Remedial Plan Screening and Assessment Tools** (*Sex Behavior Treatment Standards and Criteria, Standard 3, pp. 1-2*).

DJJ makes use of three different risk-assessment tools to be used in treating sex offender youth: the Juvenile Sex Offender Assessment Protocol (JSOAP); the Juvenile Sex Offender Risk Assessment Tool (JSORAT II); and Static-99.

To date, DJJ has certified a total of 35 staff as trainers in the use of at least one of these three risk assessment tools for the SBTP.

25 of the 35 DJJ staff are trained in the use of JSOAP. JSOAP is used to make an initial assessment of a youth to determine the appropriate sex behavior treatment plan; all youth go through this initial screening. After this assessment is performed, the youth are referred to either one of two additional assessment tools, based on their age. The use of JSOAP is mandated under State law.

After all youth go through this initial assessment, they then undergo either one of two remaining risk-assessment tools: JSORAT II or Static 99.

26 of the 35 trainers are certified for the use of the JSORAT II risk assessment tool. JSORAT II is mandated for use under State law as the only cross-validation tool for sex offender youth under the age of 18 years. 25 trainers are certified to use the Static-99 tool to assess youth who are over the age of eighteen years.

Overall, of the 35 trainers at DJJ, a total of twelve are certified in the use of all three of these assessment tools, and eleven are certified to train in the use of any two of the three assessment tools.

2. Items in Progress

Items in progress toward full implementation of the SBTP Remedial Plan include the following:

- **Sex Behavior Treatment Program Curricula**

Originally, three separate sex behavior curricula were being developed to meet the requirements of the SBTP Remedial Plan: the Healthy Living Curriculum, the Residential Sex Behavior Treatment Curriculum, and the Outpatient Sex Behavior Treatment Curriculum.

After the contract with the consultant who was initially retained to develop the curricula expired on June 30, 2008, the consultant did not provide DJJ with final versions of the curricula he had been engaged to draft. The consultant disputes ownership of the draft material, which has caused a delay in the development of these curricula.

Seeking solutions to this problem, DJJ's SBTP Coordinator has initiated an exploration of options and has conducted a search on both a national and international level for proven curricula and treatment programs. Nationally, his efforts have included soliciting materials from every state, and his international search has encompassed nations such as Canada, New Zealand, the United Kingdom, and Australia. The SBTP Coordinator will continue to actively solicit materials until October 31, 2008, at which time the vetting process will begin.

Because the SBTP Coordinator has been active in researching and accumulating information regarding SBTP curricula and treatment programs from a diverse array of sources, DJJ has a wealth of ideas on how to best develop curricula for its own SBTP.

- **Sex Behavior Treatment Program Remedial Plan Screening and Assessment Tools – Implementation** (*Sex Behavior Treatment Standards and Criteria, Standard 3, pp. 1-2*)

Although certified to provide training to other staff in the use of the SBTP screening and assessment tools, the ability of DJJ's trainers to provide such training to all relevant staff was impeded this past quarter due to the State's budget delay and the Secretary's directive, which prohibited all travel for training purposes until a State budget was authorized.

On September 22, 2008, the SBTP Coordinator issued a directive to the certified trainers to immediately commence training of staff at each Youth Correctional Facility and every parole region in the use of the assessment tools.

DJJ anticipates that the certified trainers will complete training of all the required DJJ staff by January 1, 2009, in time for the scheduled full implementation of the JSORRAT II and the Static 99 and the discontinuation of the Sex Offender Referral Document (SORD).

- **Sex Behavior Treatment Program Training** (*Sex Behavior Treatment Standards and Criteria, Standard 11, p. 9*)

On September 22, 2008, immediately after the passage of this year's State budget, DJJ's certified trainers initiated training of DJJ's facilities and Parole staff in the use of Static 99, JSORRAT II, and JSOAP II.

- **Sex Behavior Treatment Program Policies and Procedures** (*Sex Behavior Treatment Standards and Criteria, Standard, p. 1*)

Based on the recommendations of the SBTP Expert, DJJ divided its SBTP policies into three categories:

- Policy I: Principles
- Policy II: Programs
- Policy III: Staffing and Training

Outlines were completed for each of these three sets of SBTP policies. The SBTP Coordinator is currently in the midst of finalizing the first set of policies for the first category, Policy I: Principles.

DJJ anticipates that a draft policy for the first category will be submitted to the SBTP Expert during the next quarter for her review and feedback. Progress on the policy has been significantly impacted by the discontinued relationship with DJJ's original contracted SBTP curricula writer. Given that the policies must support the SBTP curricula, the drafting and finalization of all three sets of policies will be dependent upon the ultimate development of the program's curricula.

3.6 Wards with Disabilities Program Remedial Plan Accomplishments

1. Wards with Disabilities Program Remedial Plan Significant Accomplishments

The Wards with Disabilities Program Remedial Plan was filed with the Court on May 31, 2005. Significant accomplishments in the implementation of the Wards with Disabilities Program Remedial Plan. Accomplishments during the last quarter include:

- **Action Plan** (*Wards with Disabilities Program Standards and Criteria, Headquarters, Section C, p. 2*)

The Wards with Disabilities Program Remedial Plan requires that a written plan, referred to as the Action Plan, be drafted and implemented to transition wards who have temporary disabilities back from ADA-accessible housing into general housing once they are no longer disabled.

DJJ, in conjunction with Health Care Services, the Health Care Services Experts, and the Wards with Disabilities Program Expert, reviewed the existing DJJ process and developed a draft of the Action Plan for youth with mobility or other physical impairments. The Action Plan was then forwarded to the Wards with Disabilities Program Expert for feedback.

Upon receipt of the Expert's feedback, the Action Plan draft was revised, and the Wards with Disabilities Program Expert's feedback was incorporated along with additional information. DJJ has reviewed and approved the final Action Plan, and it was disseminated to all the medical sites and forwarded to all the Wards with Disabilities Program Coordinators on July 18, 2008. An ongoing monitoring process is in place to ensure compliance with the Action Plan.

- **Heman G. Stark Youth Correctional Facility for Removal of Architectural Barriers** (*Wards with Disabilities Program, Standards and Criteria, Proof of Practice, Sections 1, 2, 3, 4, 5, 6*)

The Heman G. Stark Youth Correctional Facility removed architectural barriers as outlined in the Wards with Disabilities Program Remedial Plan.

On June 27, 2008, and July 9, 2008, the Architect who inspected the facility submitted an inspection report documenting American With Disabilities Act (ADA) compliance at the Heman G. Stark Youth Correctional Facility. In his report, he stated that he:

. . . inspected the structural items listed in the status column of the Institution's Barrier Report, and they were found to be compliant with the appropriate accessibility guidelines within construction tolerances.

- **Tracking System for Wards Information System (WIN)** (*Wards with Disabilities Program Standards and Criteria, Headquarters Policies, Section C, p. 4*)

The tracking system was incorporated into the Wards Information Network (WIN) and is operating at all facilities. On August 20, 2008, DJJ's Enterprise Information Services staff trained the Wards with Disabilities Program Coordinators on the newly implemented WIN system.

- **Staff Training** (*Wards with Disabilities Program Standards and Criteria, Items 23, 70 and 74*)

A meeting and training for Wards with Disabilities Program Coordinators was held in August 2008 in conjunction with WIN training. On August 21, 2008, the Wards with Disabilities Program Expert trained all eight Wards with Disabilities Program Coordinators on the remedial plan audit tool.

The following day a Wards with Disabilities Program meeting was held to discuss the training and develop plans for technical assistance provision prior to the upcoming audits by the Wards with Disabilities Program Expert. Due to the lack of a State budget and the ensuing moratorium on travel ban at the time, staff who lived in close proximity to the training site were able to attend the training but could not be reimbursed. Four other staff were able to attend this training via telephone conferencing.

The Wards with Disabilities Program Manager began a series of site visits to conduct practice audits utilizing the Wards with Disabilities Program Remedial Plan's audit tool. The intent of these practice audits was to clarify audit expectations, identify areas of concern, and provide technical assistance to improve DJJ performance. Practice audits were conducted at Preston Youth Correctional Facility on August 8, 2008, and at O.H. Close Youth Correctional Facility on September 12, 2008. In addition, the Wards with Disabilities Program Manager visited N.A. Chaderjian Youth Correctional Facility on October 14, 2008; Southern Youth Correctional Reception Center-Clinic on October 27, 2008; and Heman G. Stark Youth Correctional Facility on October 28, 2008.

2. Items in Progress

Items in process toward full implementation of the Wards with Disabilities Program Remedial Plan include the following:

- **Assessment for Developmental Disabilities** (*Wards with Disabilities Program Standards and Criteria, Headquarters Policies, Section C, p. 7*)

On July 10, 2008, DJJ made arrangements to meet with staff from the California Department of Developmental Services to discuss the following:

- Cross-matching of DJJ's population with the database maintained by DDS to determine whether any wards in DJJ's population have previously utilized services provided by the Department of Developmental Services;
- Validating DJJ's existing screening process; and
- Assessment testing by the regional centers to make improvements to DJJ's current screening process.

To meet these needs, a Data Use Agreement must be entered between DJJ and the Department of Developmental Services to provide DJJ with access to the confidential data maintained by the Department of Developmental Services for the purpose of identifying youth determined to be eligible to receive services through the Department of Developmental Services' service delivery system. This one-time data exchange will assist DJJ in assessing the effectiveness of their efforts in identifying individuals who qualify for the Wards with Disabilities Program.

The Department of Developmental Services shared a copy of an Inter-Departmental Agreement it uses to enter into agreements for the exchange of information. A copy of the agreement was submitted to the Office of Legal Affairs for review.

The Office of Legal Affairs completed its review of the Inter-Departmental Agreement and gave its approval on September 18, 2008, subject to a number of changes. The Department of Developmental Services was advised of the changes.

DJJ created a flow chart that identifies its assessment process, and the development of this chart is still in its drafting stage. DJJ will share these documents with the Wards with Disabilities Program Expert for his comments and suggestions as soon as they are ready.

The Inter-Departmental Agreement, when finalized, will be agreed to in accordance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) [45 CFR Parts 160 and 164] and with the requirements for information integrity and security set forth in the State Administrative Manual (SAM), Section 4841.2.

DJJ's Wards with Disabilities Program Coordinator met with Mental Health's management on September 10, 2008, and with management from the Integrated Behavior Treatment Model (IBTM) Program Unit on September 26, 2008, for the purpose of obtaining input regarding the disability screening assessment process. This multi-disciplinary group will continue to meet to refine the assessment process.

- **DJJ Headquarters Disability Sensitivity Training** (*Wards with Disabilities Standards and Criteria, Headquarters Policies, Section C, p. 7*)

Based on the Wards with Disabilities Program Remedial Plan's requirements and the recommendations of the Wards with Disabilities Program Expert, DJJ's disability-sensitive training is being revised to incorporate input from a disability advocacy organization or consultant.

A meeting with a DJJ Program Administrator was held to discuss what the process was for retaining a consultant and what steps are needed to begin a Service and Expense contract. A Service and Expense contract is one that is utilized by the State for obtaining contracted services in an expedited manner, costing less than \$4,999.99.

DJJ is awaiting final approval for a scope of services developed for a request for bid disability consultant contract. Once the scope of services has been approved, DJJ will initiate the process of soliciting informal bids from at least three possible vendors. The Wards with Disabilities Program staff will be meeting with DJJ's Contracts Unit to begin this process.

4 REPORT IMPROVEMENTS

4.1 Quarterly Report Improvements

This section of the Quarterly Report discusses DJJ's intent to continually improve upon the content, structure, and format of this report. DJJ's goal is to provide information of greater value to all interested parties, including DJJ Management, Staff, the Court, Experts, the Special Master, Plaintiff's Counsel, and other stakeholders

"Kaizen" is a Japanese term for "change for the better" or "improvement"; the common English usage is "continual improvement." Kaizen refers to a "quality" strategy and is often associated with the methods of W. Edwards Deming. The technique aims to eliminate waste (which is defined by Joshua Isaac Walters as "activities that add cost but do not add value"). It is often the case that this means "to take it apart and put back together in a better way."

This report is the third iteration of DJJ's effort at "taking it apart and putting it back together in a better way." This version adds value and modifies what was previously marginal in contribution. Each quarter, stakeholders will review the Quarterly Report and will be encouraged to offer suggestions for future improvements. All well-intended thoughts and ideas will be considered for incorporation into subsequent reports as appropriate. Appropriate stakeholders will be encouraged to provide feedback going forward to facilitate continuous quality improvement of the Quarterly Report.

When both progress and challenges about the efforts to complete the required work are shared, there is an opportunity to bring "fresh eyes" to various aspects of the effort. The greater the transparency of DJJ's progress, the more effective and rapid will be its ability to nimbly adjust its efforts and improve its results.

The first section is designed to reveal the progress made in satisfying the remediation requirements. DJJ has established a database for all action items and audit items contained in the Standards and Criteria documents. Progress and challenges as observed by the Court's Experts and the Special Master are tracked, and these tracking mechanisms provide data that can be presented in graphs for easy reference. As a result, this first section is organized around these graphs and provide a visual story of DJJ's progress and the challenges it encounters during the course of its reformation.

The second section is similar to the first section in that it is intended to reflect progress being made as compared to the deadline dates established for the action items throughout each of the six Remedial Plans. This section is based on a Project Management approach and is intended to share with the stakeholders the Project Management systems that are being developed in order to better assist DJJ in managing its efforts at reform.

The third section is a report of significant accomplishments made towards completing action items which have occurred during the reporting quarter. It is very similar in intent and purpose to the section in past Quarterly Reports.

The fourth section addresses current and possible future improvements. For this Quarterly Report, improvements included:

- Pie charts and bar graphs for every facility audited for every *Farrell* Remedial Plan;
- The statistical data to support these charts and graphs;
- A new chart identifying Education audit items that have been in Substantial Compliance for two years or longer; and
- News articles of interest.